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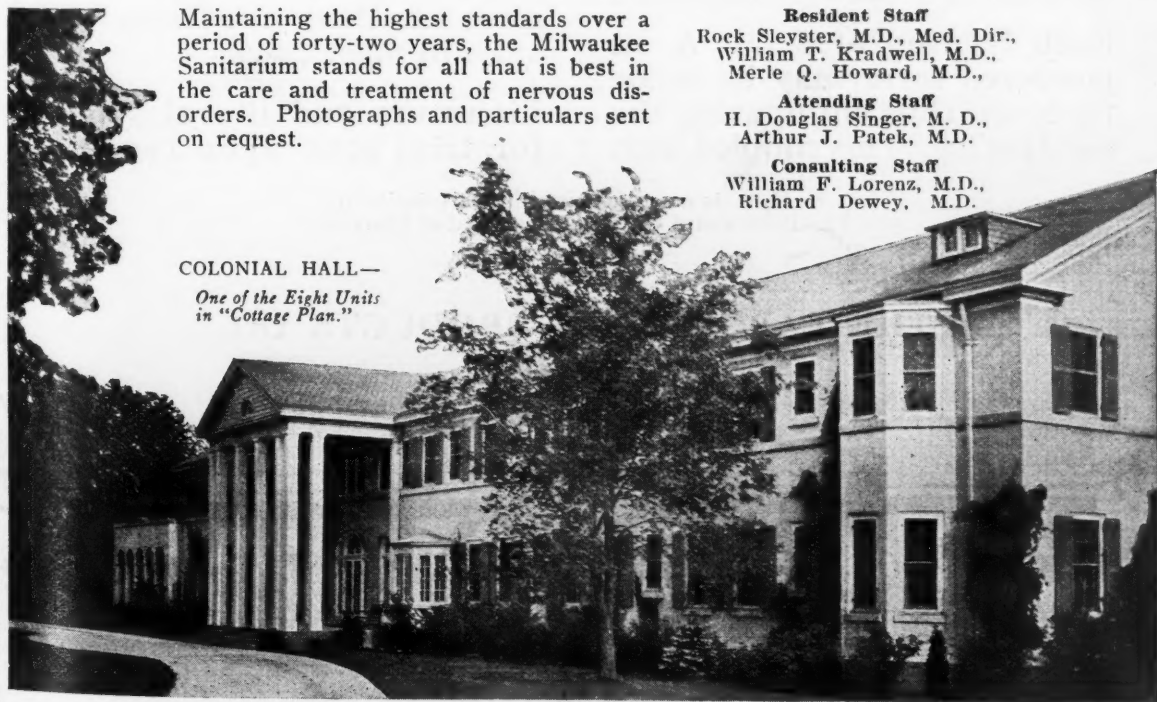
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No. 8

Original Articles

A STATISTICAL STUDY OF SCARLET FEVER—TERM PAPER IN VITAL STATISTICS

MELVIN P. ISAMINGER

ANN ARBOR, MICH.

This study of scarlet fever is based on 25,855 cases and 568 deaths reported to the Michigan Department of Health in 1923 and 1924.*

The statistical evidence seems to indicate that scarlet fever occurs at all ages, is most common in childhood and rare under one year of age. It is more prevalent in the

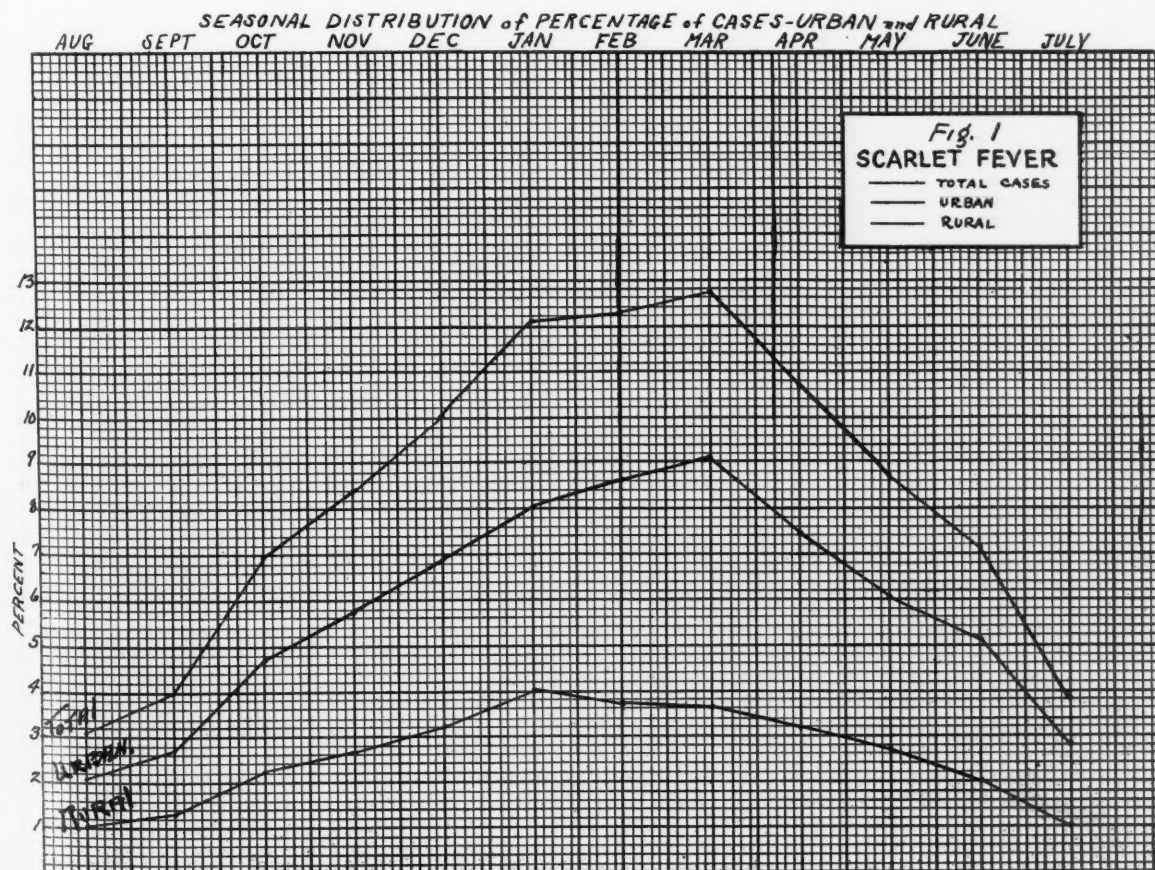
*See Figure 8.

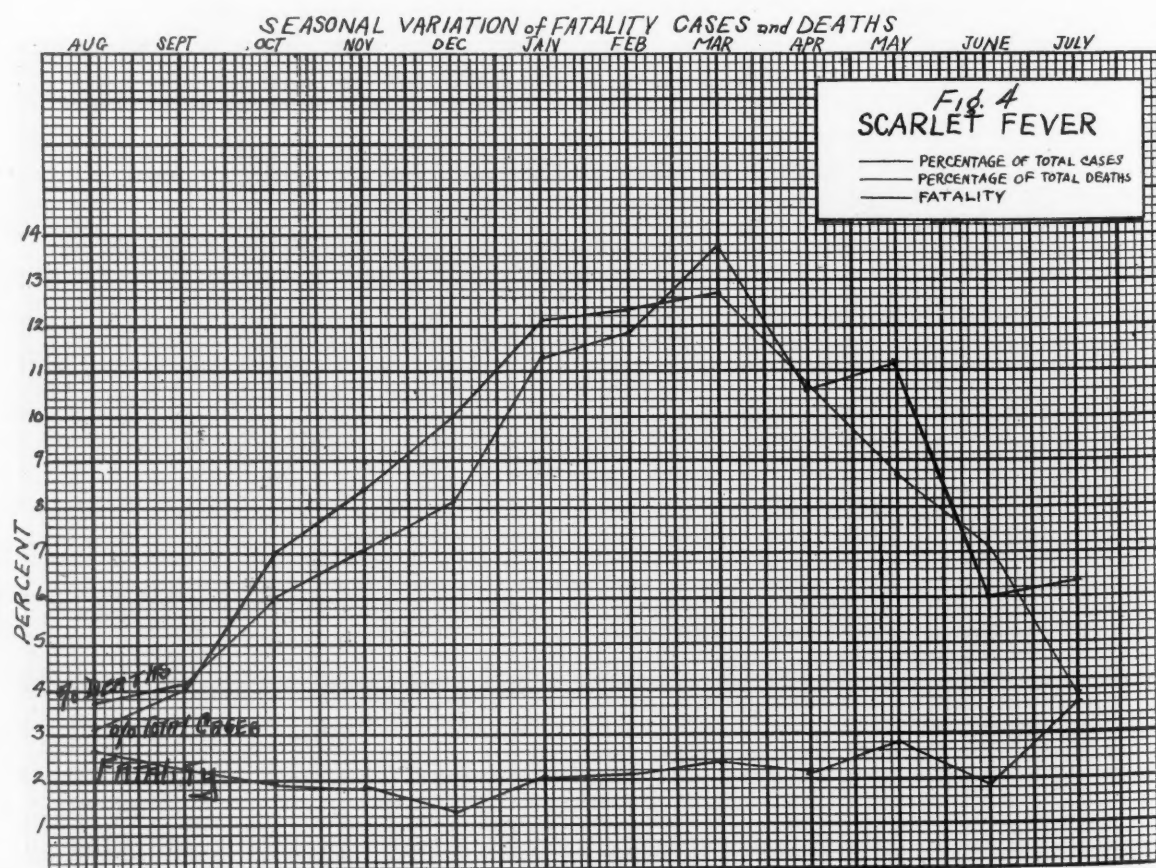
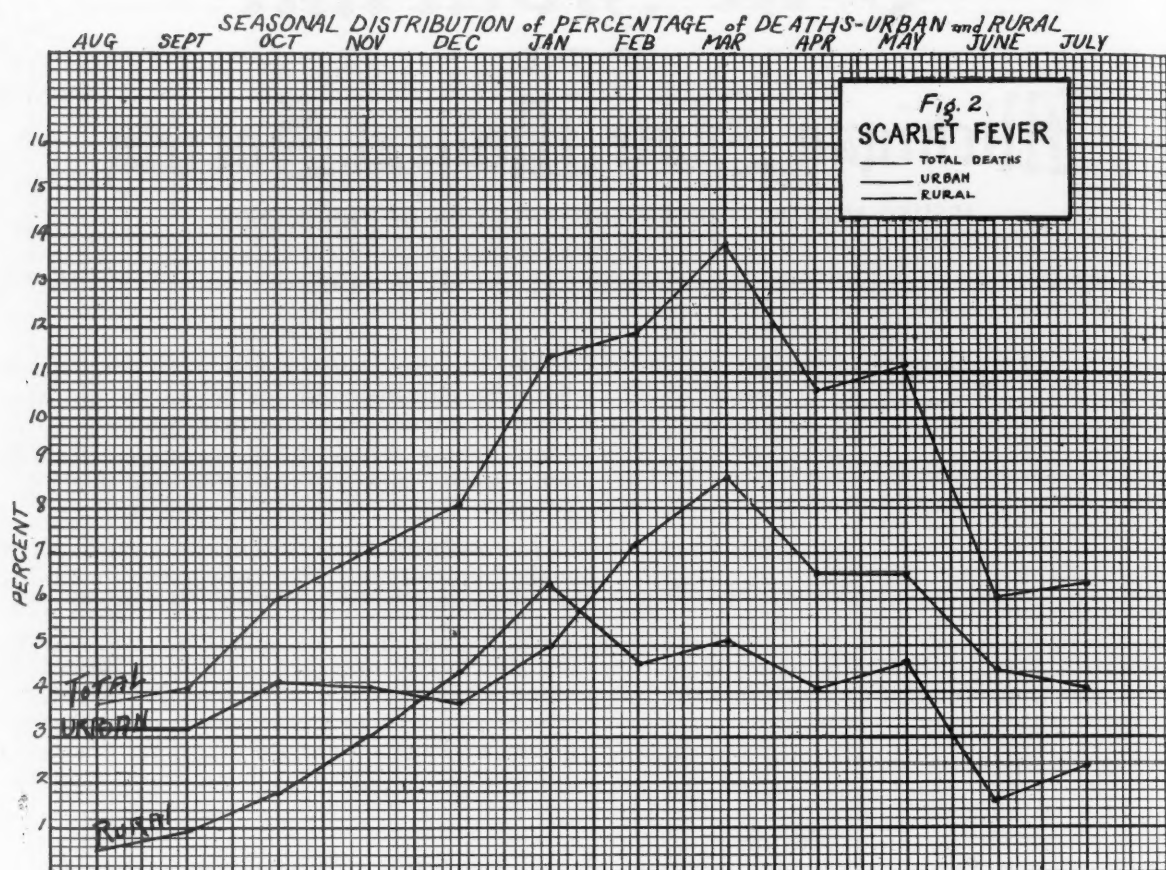
colder months, but there is little correlation between fatality and incidence by months, the two curves showing little uniformity in their course when the percentage of cases are plotted against the epidemic year by months.

The fatality rate is higher in rural than urban districts but about the same for males and females. The females are more susceptible than males, or predisposing factors are more favorable for them to be infected, since after the first few years of life they exceed in percentage of cases in each age group and in percentage of deaths for each age group except one. (See Fig. 3 and 6).

SEASONAL VARIATIONS

The percentage of cases for each month is





shown in Fig. 1. That scarlet fever is a winter disease is illustrated very definitely.

SCARLET FEVER in MICHIGAN-1923 and 1924																							
MALES												FEMALES											
1923	1924	1923	1924	1923	1924	1923	1924	1923	1924	1923	1924	1923	1924	1923	1924	1923	1924	1923	1924	1923	1924	1923	1924
1457	1296	1386	1077	1248	1386	1272	137	89	24	247	1970	809	577	1247	1210	189	29	5555					
12259												5296											
243												305											
2.19												2.24											

(Figure 8)

When the percentage of cases is plotted according to the epidemic year beginning with August the course of incidence follows a normal curve of frequency with the mode in March and the lowest points in August and July.

In August the incidence is lowest and in September the increase is slight, less than one per cent, but with the opening of schools, the coming in of colder weather and closer contact of individuals the curve takes a more marked ascent, 37.12 per cent of all cases occurring in January, February and March and 57.87 per cent of the cases from December to March. There is a very con-

sistent decline beginning with April and diminishing until August.

In a comparison of incidence of urban and rural districts an interesting difference is called to one's attention. There is a longer period of increase of cases in the cities than in the rural districts. The urban curve follows the course of total cases very closely with the lowest incidence in August and July and ascending from August to March, reaching its height there, then declining. For rural, starting in August, the number of cases increase each month up to January, then declining. The theatre season is probably at its maximum in the cities during January, February and March and this may be a factor in prolonging the period in which cases continue to increase.

The highest percentage of deaths for any single month also occurs in January for the rural communities while March is the month which exceeds all others in percentage of deaths for the cities.

The highest percentage of total deaths for any one month is in March, the lowest in August. The same is true for cases, but

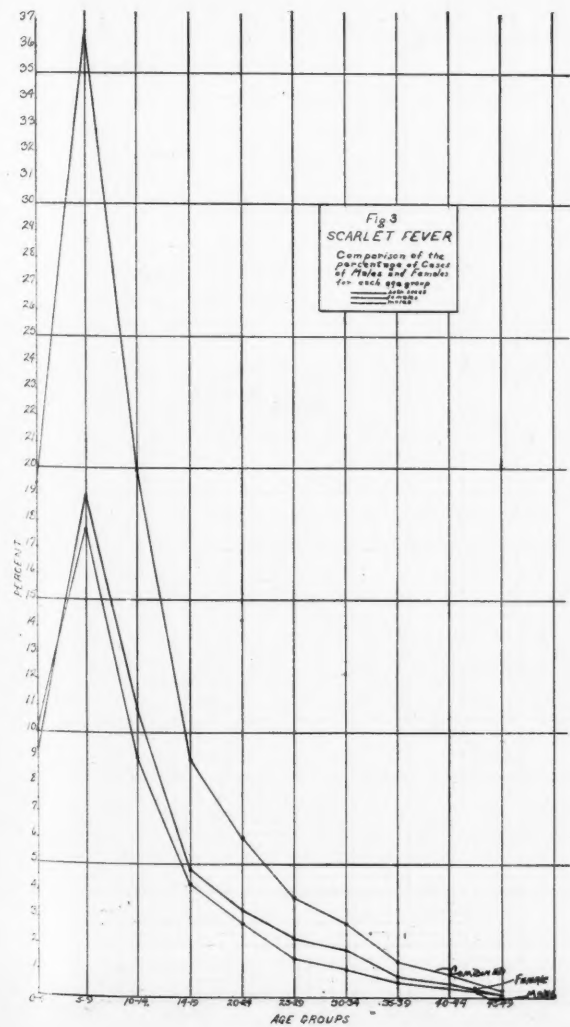


Fig 3
SCARLET FEVER
Comparison of the percentage of Cases of Males and Females for each age group

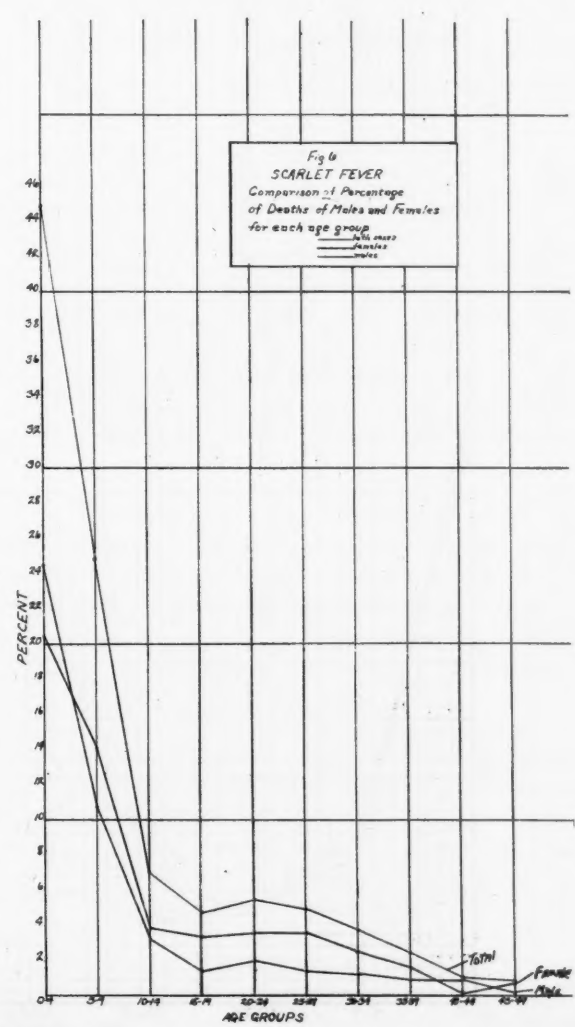
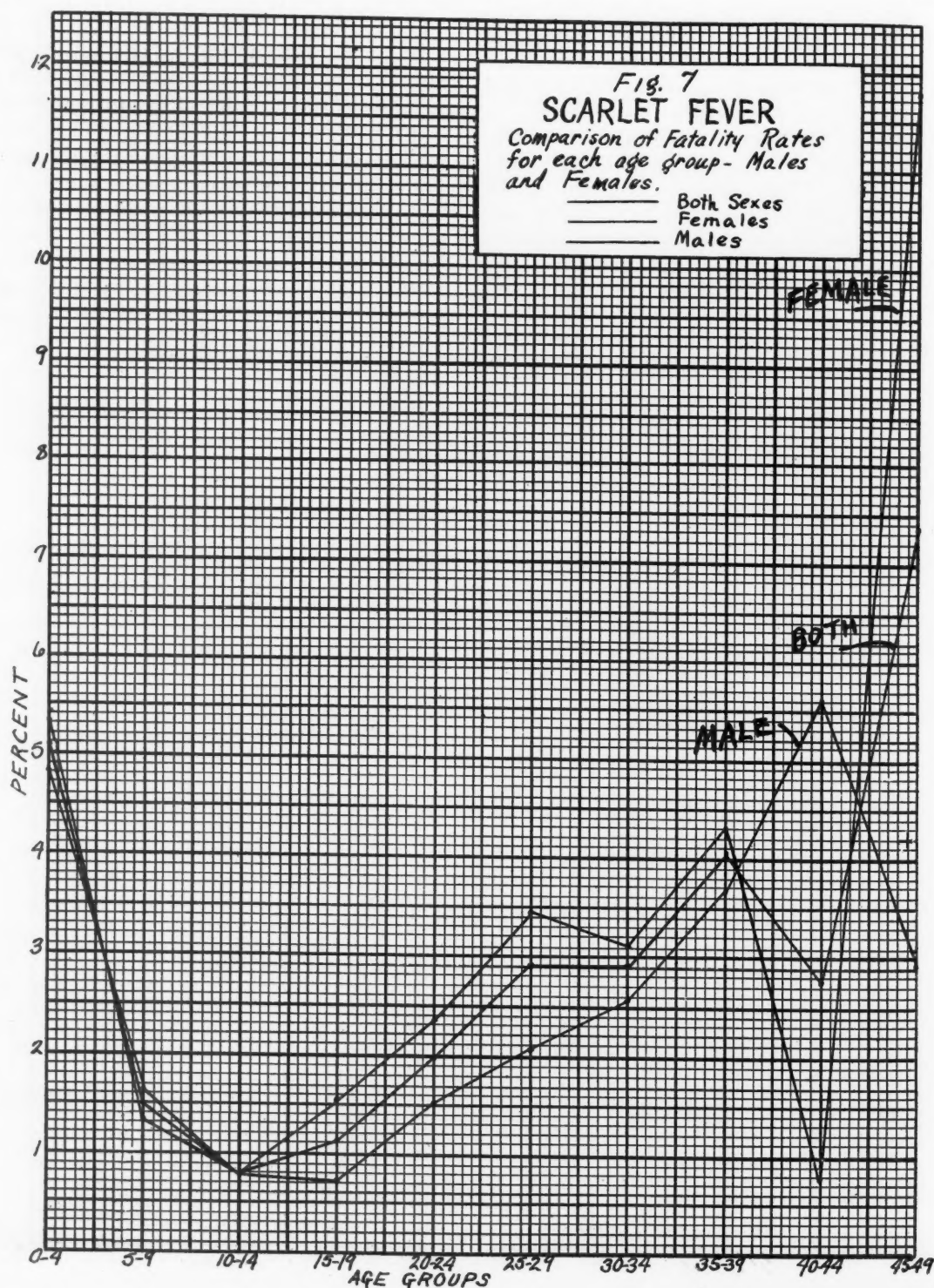


Fig 6
SCARLET FEVER
Comparison of Percentage of Deaths of Males and Females for each age group

the deaths do not follow the normal curve so closely as the incidence of the disease. Fig. 4 shows that there is a conspicuous reduction of deaths in April, rising in May and dropping again in June while the number of cases diminish each month starting with April. This may be explained by the more or less environmental factors which influence the incidence of scarlet fever, while the factors affecting the occurrence of death from one month to another are more variable and accidental.

The monthly fatality rates do not follow the normal curve. There is a gradual drop from August to December, then a rise in January, February and March, then fluctuating with the highest fatality in July. The monthly fatality rates in decreasing order are as follows:

Month	Per Cent
July	3.63
May	2.79
August	2.63
March	2.37



September	2.24
February	2.10
January	2.04
October	1.89
November	1.84
December	1.28

The fatality rate is much higher for rural than for urban, 2.80 per cent and 1.92 per cent respectively, which can be attributed to the lack of care and medical supervision in the country.

AGE AND SEX VARIATION

Scarlet fever is primarily a disease of childhood as illustrated by Fig. 3 and Fig. 6, since 69.2 per cent of all the deaths and 56.05 per cent of all the cases occur under ten years of age. The curve subsides consistently as the higher ages appear. The percentage of cases under one year is extremely low, .75 per cent of the total, but the fatality rate is relatively high, 8.2 per cent.

This appearance of the majority of cases and deaths in childhood is frequently ascribed to a higher susceptibility of children to the disease, but another factor must be given some consideration. Scarlet fever is pre-eminently a contact infection differing from measles and whooping cough in mode of transmission.

Close contact is more important in the transmission of scarlet fever while in measles the virus is carried thru the air by moist particles expelled in coughing and may travel thru considerable air space.

In childhood this close contact is more common than in adults. Children play together, assemble in groups and often sleep together. They are uncleanly with their secretions which may soil their faces, hands and clothes. Thus, the conditions which favor the spreading of a contact infection like scarlet fever are multiplied in the early ages.

The rarity of the disease in the first year of life may be due to a lack of this contact with individuals.

FIRST PRELIMINARY MEDICAL REPORT—DUBOIS HEALTH CENTER DEMONSTRATION OF THE TUBERCULOSIS SOCIETY OF DETROIT AND WAYNE COUNTY

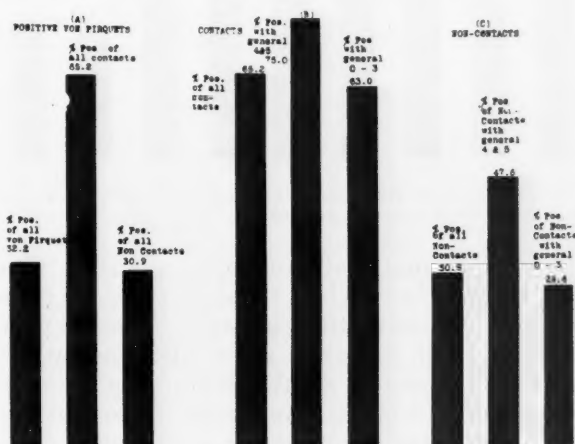
D. S. BRACHMAN, M. D., M. R. C. S.,
D. P. H. (ENG.) MEDICAL DIRECTOR
DETROIT, MICH.

So many factors are concerned in the study of tuberculosis, that in many respects it is in reality a study of the complexities

of life itself. It is true that some aspects are particularly important but it is nevertheless so that no one factor is all important. In Detroit, the leading economic city of the country—in fact one may say without hesitation, the leading large city in the world economically—it is fitting that various groups have become vitally interested in the prevention and control of the White Plague. In carrying out any useful program against this disease, one is pursuing from all angles the elimination of disease in general for it is impossible to separate one from the other. It has been truly said that the greatest discovery of all time to humanity is preventive medicine.

The demonstration area of the Dubois Health Center is a cross section of Detroit, with a population of 25,000 and has its approximate central point at the location of its offices, 5821 Dubois. Taking full ad-

Figure 1.



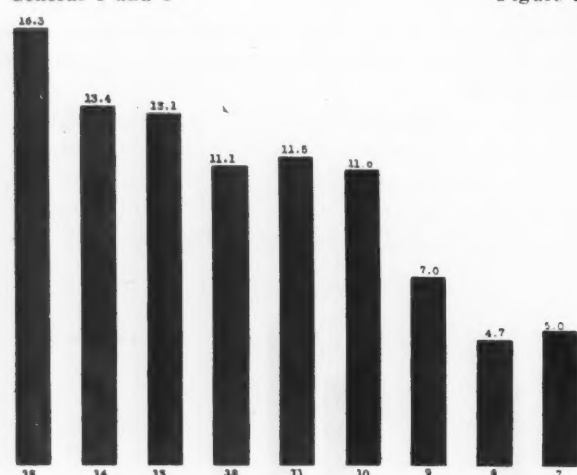
Showing the percentages of positive von Pirquet reactions in school children in groups: A contacts and non-contacts. The contacts (49 children) B and the non contacts (1,135 children) C are shown divided into normal and abnormal nourishment and development groups.

vantage of the findings and recommendations of the successful demonstration in Framingham, Mass., and more recently that of the Milbank Memorial Fund in New York, the Tuberculosis Society of Detroit and Wayne County is making a thorough detailed study from the Social, Economic, and Medical aspects.

The work is carried out in co-operation with the existing organizations of Detroit, the Board of Health, Department of Public Welfare, and the various hospitals of the city as well as the Mother's Pension of the State of Michigan. The area contains 77% of Polish people and as they total approximately 200,000 in greater Detroit (including Highland Park and Hamtramck) and form the largest foreign group, the data obtained will be essential factors for the city.

It is also worthy of note here that this is the first piece of work of this type done in which Polish people are the predominant race and as such will be particularly useful for comparative purposes throughout the world, in addition to its direct importance to Detroit. Following a survey and investigation of the area's possibilities it was deemed advisable to divide the work into three age sections, 1-6, 7-15, 16 upwards. We started with that of 7-15, which group forms

General 4 and 5



153 children showing under nourishment and under development, in age groups.

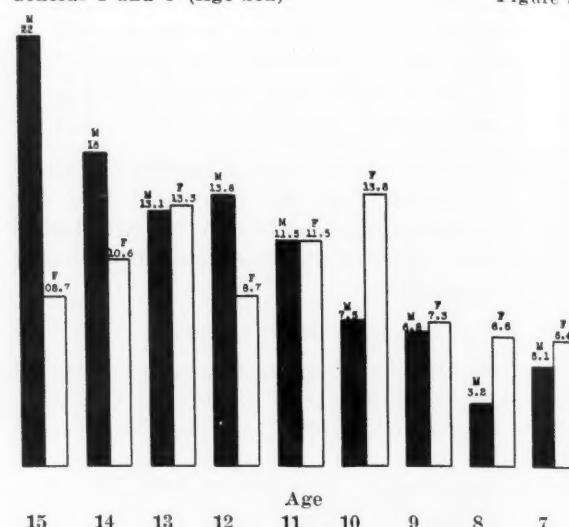
the chief material for this report. The adults will be reached through the activities carried out with the children. The section ages 1-4 will be taken up in the near future and although our death rate from all forms of tuberculosis in this group is low compared to other countries, it is indeed a very important one, in fact in some respects it is the most important group.

The school age is that of the lowest mortality from tuberculosis.* However, immediately after graduation from school for more or less apparent reasons, there is a sharply increasing rate of death. We are dealing in the school age survey with children who have no symptoms or signs and are not applying for diagnosis and treatment but who are undergoing the examination in all its details chiefly for investigation of their future and prevention of this disease, in fact all diseases. Our aim is to pick out the susceptible ones during the school period and gradually prepare them for the increased risks and dangers until they are fighting fit, so to speak, for their later life struggles. The program with this group is thus one of anticipation.

In order to get detailed information all physical examination observations were di-

* (Because of the crowded condition in the parochial schools in this area, 7 years is the minimum age.)

General 4 and 5 (Age-Sex)

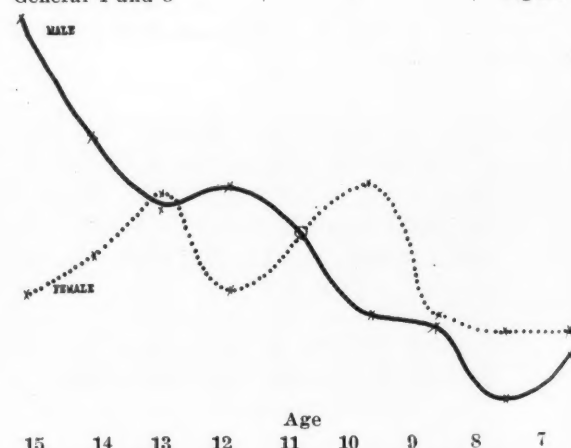


Those with under nourishment and under development in age and sex groups, 153 in number.

vided into numbers, from 0 to 5. The numeral 1 represents the recognized standard, with 0 being superior to that standard. 2 is fairly good and 3 within the normal limits, while 4 and 5 are progressively abnormal. Data studied were general nutrition and development, heart, lungs, cervical glands, tonsils and adenoids, naso pharynx, teeth, thyroid, chest expansion and capacity, temperature, pulse, respiratory rate, examination of urine, eyes and ears and any other factors requiring investigation were noted. Special attention is being paid to Von Pirquet tests and Roentgen rays, the latter being carried out on all contacts and those with general 4 and 5 (Undernourished and underdeveloped) having a positive Von Pirquet. These photographs will be taken annually and after illnesses and will be very important factors for correlation purpose.

The children are divided into the following groups:

General 4 and 5



Linear comparative diagram of under nourishment and under development in age and sex groups—153 children.

Figure 3

Figure 2

Figure 4

(1) Contacts. (2) Positive Von Pirquet with general conditions 4 and 5 (Poor development and nourishment). (3) Positive Von Pirquet with normal general conditions (0 to 3). (4) Negative Von Pirquet with general conditions 4 and 5. (5) Negative Von Pirquet and normal general conditions (0 to 3).

(1) Tuberculosis being an infectious disease the first and by far most important group is that of the contacts. This group includes only children continuously exposed to open cases of tuberculosis. That a large number of them would ordinarily develop clinical active tuberculosis in adult life is a recognized fact. Figure 1 shows Von Pirquet positive in 65.2% of all contacts and 75% of contacts with general 4 and 5.

(2) Positive Von Pirquet with general conditions of 4 and 5 means there is infection with the physical condition undermined so that they will have less resistance to active involvement when a break occurs in their late life whether social, economic, or medical break. Though infection is apparently present, a history of contact has not been elicited in this group. The percentage of positive Von Pirquet of all non contacts is 30.9 while that of the general 4 and 5 in this group is 47.6 as against 28.6% of general 0 to 3. Fig. 1.

(3) Positive Von Pirquet with normal general conditions (0 to 3). In this group there is a source of infection and their physical condition is good and if kept good active disease should not develop. Here the procuring of good social and economic factors, if not already existent, is particularly important.

(4) Negative Von Pirquet with general 4 and 5 are those which because of their physical condition may easier become in-

fectured with tuberculosis if exposed later. Therefore, in this group one must first investigate the possibility of tuberculous disease in those of the family with which the children have continuous contact and secondly to correct any defects and remedy nutritional and social and economic factors that may be the cause.

(5) Negative Von Pirquet and normal general conditions (0 to 3). This group needs the least attention and observations are required only for purposes of keeping these children equally well in the future.

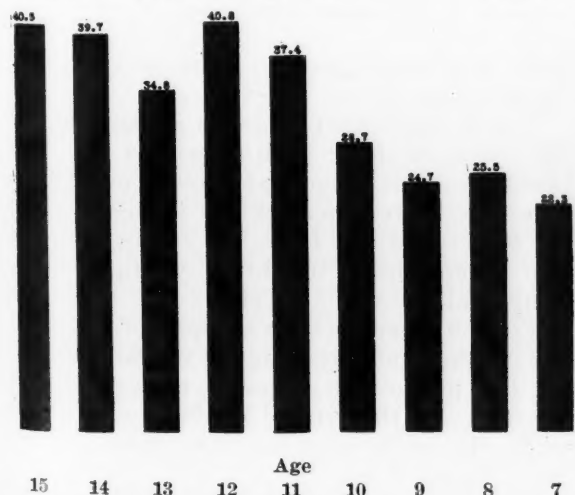
Corrections of teeth, tonsils, etc. are being made as soon after the examinations as possible. The majority of group 1 and 2 (contacts and general 4 and 5 with positive Von Pirquet) will be requested to accept yearly sanatorium care during the summer for two months. In Northville Camp this year the arrangements are for the children to be divided according to sex and they will be permitted to roam about with the minimum amount of clothes. In this way in addition to the air they will get the fullest effect of the sunshine.

On returning to school next autumn, the contacts and those undernourished and underdeveloped with positive Von Pirquet will be given Open Air schooling and later it is hoped to get such accommodation for other groups. A course in dietetics, a very important addition, will be given these children; also exercise.

As the pupils of the school graduate, they will be given a special examination and recommendations made with reference to future schooling (including manual training) or work and will be taken in hand by the social and economic departments where suitable work will be an important aim. The

Positive von Pirquet in Age Groups

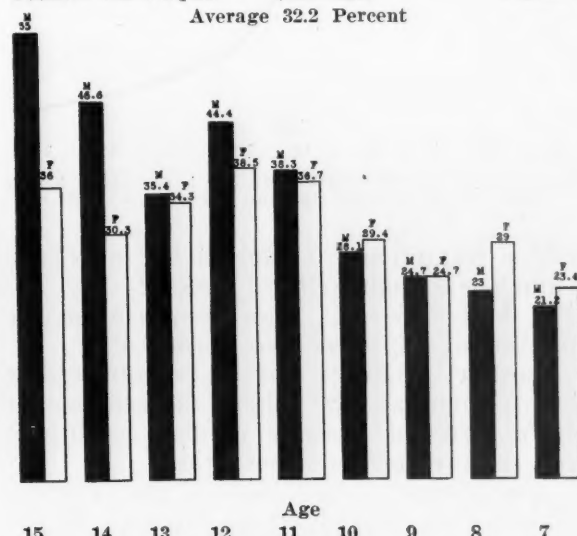
Figure 5



Showing percentages giving positive von Pirquet in age groups—1,184 children.

Positive von Pirquet (Sex-Age)
Average 32.2 Percent

Figure 6



Showing percentages giving positive von Pirquet in age and sex groups—1,184 children.

graduates will be requested to continue to attend annually for examinations and other observations.

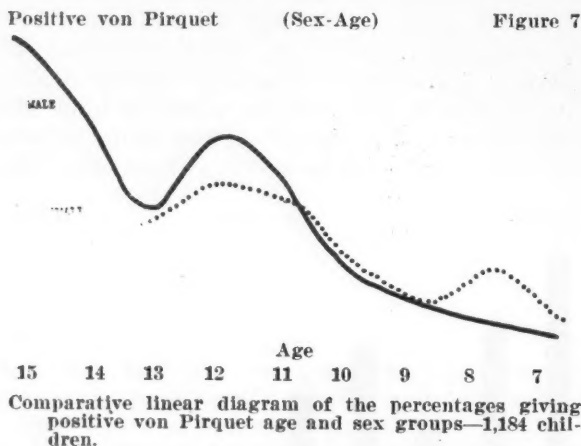
Table of Correction Recommendations—1542 examinees. Figure 12.

General 4—147; 5—54 making a total of 201 of poor development or nourishment or both.

Figure 2 shows a progressive increasing percentage of general 4 and 5 as the age becomes higher. When divided according to sex, the age increase is much more marked in the male than in the female. Taking the sex in proportion, figures 3 and 4 show that up to and including age 10, the percentage in the female is greater than in the male, while the converse is true in the higher ages.

Tonsils and adenoids. 4—365, 5—536, total 901 or 58.4%. Only the 5 were recommended for immediate removal or 34.7%. It might here be mentioned that size was but one consideration in classifying the actual condition of the tonsils, visible outward affects and toxicity being more important. Tonsillectomies had previously been performed on 13.4% of cases, making a total of 48.1% of entire number who apparently required it.

Thyroid. This area is in the so called "thyroid belt" and the numbers are therefore high, being especially so in girls. This group is an exception to the general grading of 0 to 5, 0 only being normal and 1 to 5 degrees of enlargement, 4 and 5 requiring



active treatment. 0, normal 658 or 42.6% (much less than half); 1—266, 2—289, 3—199, 4—138, 5—10. Those requiring active treatment, the latter two, form 9.4%.

Cardiac. 45 or 3% showed definite cardiac involvement and 30 others showed one or more signs of possible cardiac conditions and require further observation.

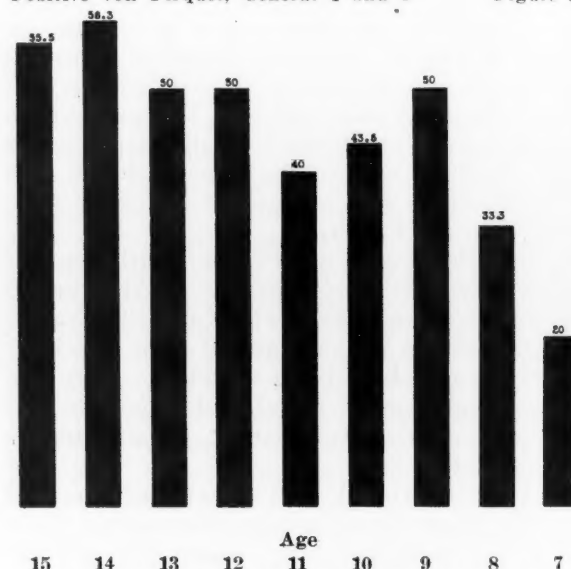
Von Pirquet. As a basis of the presence of infection (if not actual disease) in the absence of symptoms, signs, etc. the test is invaluable and great stress is therefore

placed on it in this study. In children with negative reactions three tests are made while the Von Pirquet is dispensed with on this occasion in those having recently had measles, influenza or whooping cough.

Figure 5 shows the positive Von Pirquet tests in age groups. Age 7 gives 22.3% gradually increasing to age 10 and a sharp rise after that followed by slight variations up to age 15. There seem to be two defined groupings in this figure, ages 7-10 and 11-15 years. Taking figure 6 (Sex and age) the male shows a gradual rise from age 7 upwards, the percentage at 7 being 21.2 while at 15 it is as high as 55%. Thus the infection progressively increases in the male in proportion to age, more sharply than is the case in the female, although here too there is a rise. When considering the proportion according to sex, it is greater in the female from age 7 to 10 while from 11 upward the

Positive von Pirquet, General 4 and 5

Figure 8



Showing the percentage giving positive von Pirquet in those with under nourishment and under development, in age groups—138 children.

male predominates in positive reactions, figure 6 and 7.

The Von Pirquet reaction is particularly important in those with general 4 and 5 as being under developed and under nourished. They are more susceptible if exposed. Figure 8 shows a rise from age 7 upwards, the rise being sharp in the 2 younger ages. When taking sex as well as age into consideration, there is also a sharp progressive rise in the male from age 9 upward, figure 6. The proportion of positive Von Pirquet is greater in the female in the ages 7 to 10 while the male predominates from 11 upward, figure 9 and 10.

Summary and Conclusions:

(1) Our program is one chiefly of antic-

ipation. If an ounce of prevention is worth a pound of cure, a gram of anticipation is worth an ounce of prevention.

(2) A correlated study of history, clinical findings, Von Pirquet and X-ray are carried out over the school years in conjunction with the social and economic conditions.

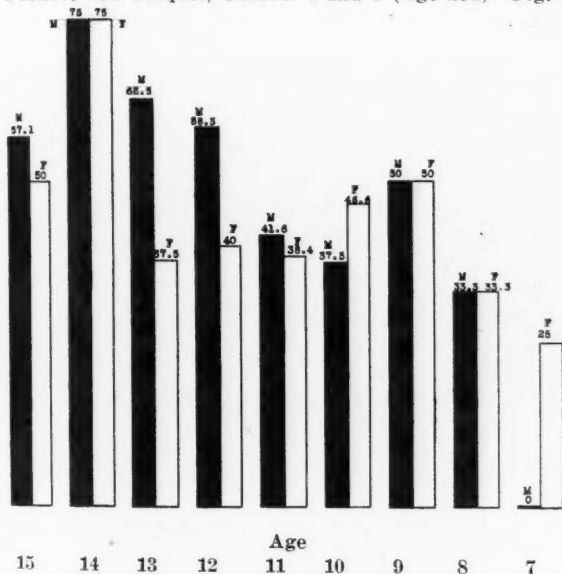
(3) During school age there is going on a slow process of increasing tuberculosis tendencies, particularly with the boys of this area.

(4) The children requiring it are sent to Open Air School and regularly examined throughout the school period, all necessary corrections being carried out. During summer months the more needy are treated for two months in an Open Air Camp.

(5) Social and economic home conditions corrected where required.

(6) At the time of graduation a special examination is made with reference to fur-

Positive von Pirquet, General 4 and 5 (Age-Sex)—Fig. 9



In age and sex groups—138 children.

ther schooling (including training) for their future life. The girl or boy is helped in procuring suitable work—that is work which will not under ordinary circumstances cause a break down during adult life.

(7) Advised to return for annual examination and observation.

(8) Practically all of the school pupils examined required active dental treatment. Arrangements have been made with the school authorities and the Board of Health for having a dental clinic in the school building.

(9) The proportion of tonsils and adenoids requiring active treatment is larger than the average for the city or county. The nurses visit every home with reference to carrying out correction.

(10) Thyroid involvement is great, much more than half the entire number, particularly girls being affected. Advice will be given on this subject in classes, chiefly nutritional.

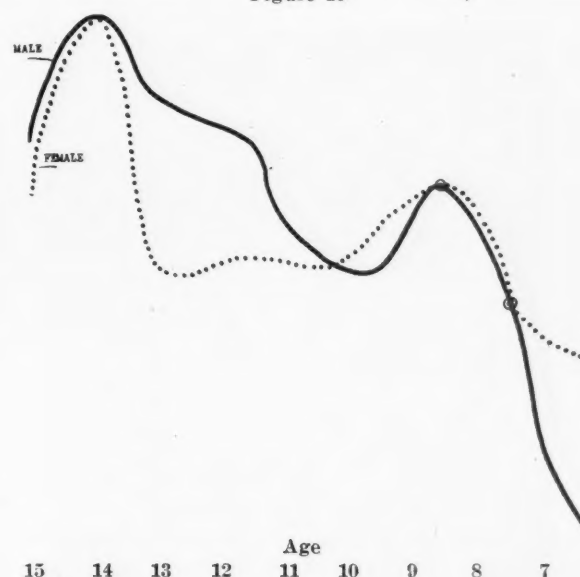
(11) Cardiac involvement is twice the general average for the city. By making early corrections and by health and nutritional education and Open Air Schooling, beneficial results are certain to follow.

(12) In proportion to other findings, the cervical glands figures are good. This is an important item as to the possible source of future tuberculous involvement.

(13) Those having under nourishment and under development (General 4 and 5) progressively increase in proportion in age group from 7 years upwards. This is particularly apparent in the male while in the female there is comparatively very little variation in age groups.

(14) Von Pirquet reactions. One thousand, one hundred and eighty-four were given Von Pirquet tests. The positives of the entire number, irrespective of any grouping, formed 32.2%.

Positive von Pirquet, General 4 and 5 (Male-Female) Figure 10



Comparative linear diagram of the percentages giving positive von Pirquet, in age and sex groups—138 children.

(15) Tonsils and adenoid involvement had no effect on Von Pirquet reaction; there was a higher rate of positives in cervical gland involvement as well as in those with general 4 and 5. (Fig. 11).

(16) The contacts gave 65.2% positive as against 30.9% in non contacts, much more than double.

(17) Of the contacts, those with general 4 and 5 were 75% positive as against 63% with general conditions.

(18) The non contacts with general 4 and

5 gave 47.6% positive while those with normal general condition were 28.6% positive.

(19) Of the positive Von Pirquet, the male proportion progressively increases from age 7 upwards, while the female has a comparatively slight increase.

(20) An outstanding feature is the fact that from 7 to 10 years the proportion of positive Von Pirquet is greater in the female generally and the proportion of general 4 and 5 takes on the same curve, while after age 10 the male sex predominates.

(21) The presence of infection as well as under development remains more constant throughout the school period in the female with only a slight gradual rise, while the

male, better equipped in early school life, becomes poorer equipped proportionally after the age of 10.

(22) Under nourished and under development is more important proportionally in non contacts giving 47.6% positive Von Pirquet as against 28.6% with general conditions 0-3, or an increase of 66.4%. In contacts those having under nourishment and under development gave 75% positive as against 63% with general conditions 0-3, or an increase of 19%.

(23) In the children who are both general 4 and 5 and have positive Von Pirquet, the age and sex differences are not as apparent in larger age groups as where one of these conditions exists.

Fig. 11. School Class Groups, Increasing Totals as Tested—Equal Number of Positive and Negative Von Pirquets

		January 25-29		February 1-4		February 8-11		February 15-18 and 23-25		March 1-4		March 8-11		March 15-18		March 22-25		April 8-9		April 12-15		April 19-22				
Von Pirquet		Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.			
General		0	1	1	0	1	2	1	2	2	1	1	5	2	3	1	8	2	3	1	9	2	4	2	3	
		1	3	0	4	0	3	5	4	7	4	8	5	9	6	7	7	3	7	4	8	2	8	1	9	0
		2	2	7	2	3	3	1	2	8	3	8	3	8	4	1	4	2	4	7	4	6	5	0	5	4
		3	3	3	2	9	4	1	3	7	5	0	4	9	5	8	6	3	6	6	8	7	1	7	3	7
		4	1	4	1	3	1	9	1	6	2	0	2	0	2	6	2	4	2	7	2	7	3	0	2	7
		5	1	2	1	2	1	5	1	3	1	7	1	3	1	8	1	3	2	0	1	3	2	0	1	3
Tonsils and Adenoids		0	0	3	0	3	0	3	0	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0		
		1	7	1	0	1	2	1	0	1	2	1	1	1	5	1	4	1	5	1	5	1	7	1	5	
		2	1	4	9	1	7	1	2	1	9	1	6	2	3	2	0	2	6	2	3	2	8	2	6	3
		3	1	5	2	5	2	0	2	8	3	1	3	6	3	8	4	4	4	1	4	5	4	4	4	5
		4	3	6	2	1	4	2	2	8	5	1	3	6	5	6	4	2	5	9	4	9	6	5	5	4
		5																								
		5	5	5	9	6	2	7	2	8	1	9	2	10	1	10	11	4	12	0	12	4	13	2	13	
Cervical Glands		0	1	2	2	2	2	2	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3		
		1	1	7	2	2	2	4	2	7	3	3	4	3	3	9	5	0	4	2	5	3	4	2	5	4
		2	5	8	5	8	6	5	7	1	8	6	8	4	10	2	10	3	11	0	11	2	11	5	12	12
		3	4	0	3	9	5	1	4	7	6	2	5	9	7	6	6	8	8	5	7	8	10	0	8	7
		4	1	0	4	1	0	5	1	0	5	1	2	8	1	4	8	1	5	8	1	5	1	0	1	8
		5	1	2	1	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
		127	153		194		233		255		276		295		321		333		344		355					

CORRECTIONS 1,542 CHILDREN (Fig. 12)

General		Tonsils and Adenoids Operations			Thyroid		Cardiac		Von Pirquet		Cervical Glands	
4	5	4	5	*0	4	5	Disease	Obs.	Pos.	Neg.	4	5
147	54	365	536	196	138	10	46	25	386	812	100	14
			34.9%	13.4%			3%	1.6%	32.2%			or 0.9%
201		901			148				1198		114	
or 13%		or 58.4%			or 9.6%						or 7.4%	

CONSERVATISM IN THE TREATMENT OF HAND INJURIES*

DONALD C. DURMAN, M. D.

DETROIT, MICH.

(*From the Department of Surgery,
Henry Ford Hospital)

The upper extremity is ideally constructed as a prehensile organ, and has a more delicate and complex neuromuscular mechanism than the lower. This probably accounts for the greater disability caused by so called minor traumatic lesions of the hand and arm, as compared with similar conditions in the foot and leg. A slight injury to the lower extremity, while impairing the less highly developed functions of weight bearing and locomotion is rarely as serious as a similar injury in the upper extremity. For this reason, extreme conservatism in the surgical treatment of injuries of the hand and arm is most important.

Each industrial injury differs from the others so much that it would be difficult for any text book of surgical technic to describe in detail the operation necessary for the repair of the injury. It is possible to formulate only general rules, based largely on observations of end results, obtained by various procedures and different operators. The observations presented here are based on a large series of cases. The following three are selected to illustrate the principles involved.

CASE I. This patient, a man of 24, was a mechanic. His left thumb was severed through the proximal phalanx except for about five mm. of skin on the dorsum, and the tendon of the extensor pollicis longus. The accident occurred when his thumb was caught between two small trucks which jammed together. He was sent to the hospital after being told that amputation of the thumb would be necessary. On examination approximately one-half hour after the accident, it was found that there was considerable crushing of the skin edges on the palmar surface of the thumb. The phalanx was fractured transversely, and there was some comminution of the ends of the bone. The distal portion of the thumb was pale and cold. There was not enough bleeding from the proximal cut surface to necessitate the application of a tourniquet or the ligating of any vessels. There was reasonable doubt that circulation could be restored to the end of this finger. Knowing that the hand with only the stump of the proximal phalanx of the thumb remaining, would be practically useless for grasping, an attempt was made to restore the distal part to its normal position. The bone fragments were brought together with a few sutures of fine chromic gut through the periosteum and fascia. The lacerated flexor tendons were sutured in a similar manner. The subcutaneous tissue was approximated with plain cat gut, and the skin closed loosely with a few silk sutures to allow for possible drainage in case infection should occur. Healing was complete and there was only a slight amount of skin infection at the point on the palmar surface where the most crushing had occurred. This patient is now at work



Fig. 1. Case I. Showing hand in position for grasping. Scar colored with India Ink.



Fig. 2. Case II. Showing marks of cogs across back of hand. The discoloration is due to mercurochrome.

at his former trade and has good use of his thumb. The accompanying photograph (Fig. 1) shows the thumb in the position for grasping. The scar which extends completely around the thumb except for a short distance on the back is colored with India ink. A similar case is reported by Hamilton in the Journal of the Canadian Medical Association.

CASE II. This patient was a woman factory worker. Her hand had been caught between powerful cogs on a milling machine. The little finger was crushed back to the point shown in the accompanying X-ray plate (Fig. 3.) The skin over the dorsal surface of the hand was crushed as shown in the photograph (Fig. 2.) The tendons of the extensor com-



Fig. 3. Case II. Showing point of amputation of fifth metacarpal fractures of fourth.

munis digitorum to the middle and ring fingers were badly lacerated. There was a compound and extensively comminuted fracture of the fourth metacarpal just proximal to its head. The metacarpo-phalangeal joint of the ring finger had been torn open, but there was no apparent injury to the joint surfaces. The ring finger was merely hanging by the structures in the palmar surface, and the outer end of the shaft of the metacarpal had been broken into so many small pieces, that an effort to save it seemed almost futile. However, all crushed bone was removed, and the metacarpal head united to the shaft by a few sutures through the periosteum. The joint capsule was closed and the lacerated tendons repaired. There was so much destruction of skin from the crushing of the cogs that it was impossible to complete the closure. In spite of this there was no wound infection and

epithelialization was prompt. The only disability remaining now is that due to the shortening of the fourth metacarpal and to some tendon adhesions. This shows that conservative treatment was justified.

CASE III. This patient was a man whose hand and arm were caught in a wool carding machine and were literally torn to shreds. The photograph (Fig. 4)

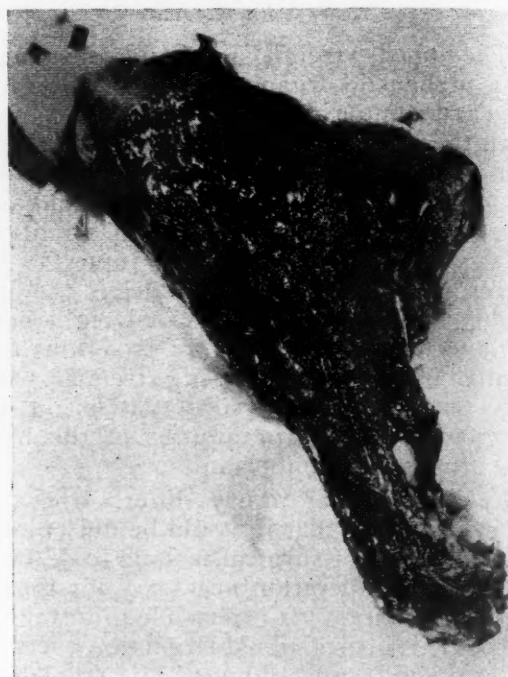


Fig. 4. Case III. Appearance of hand and arm immediately after being caught in wool carding machine.

was taken within a few minutes after the patient entered the hospital and before treatment was begun. At operation the bones of the forearm were amputated at about the junction of the middle and lower thirds. Above this point there was extensive laceration.



Fig. 5. Case III. Stump with granulations, and ready for skin grafting.

tion and crushing of the soft parts, but in spite of this a conservative repair was done. All tissue possible was spared. At one point it was necessary to leave a small portion of the ulna uncovered. It was impossible to cover any of the stump with skin. A superficial osteomyelitis developed at the area on the ulna which was left bare, but this rapidly cleared, and was soon covered with granulation tissue (Fig. 5.) Later, Reverdin grafts were applied to all areas not covered with skin. As soon as this stump hardens it will be fitted with a prosthesis which would otherwise be impossible had amputation been done high enough to securely cover the stump with skin.

DISCUSSION

When injuries such as those described above are less commonly encountered, they are often treated with the idea of giving the patient a good cosmetic result, and too little attention is given to ultimate function. For instance, it might be a temptation to treat an extensively lacerated and crushed arm with muscles torn from their attachments and with multiple compound and comminuted fractures (such as Case III) by amputating at a point high enough to give the patient a well rounded and perfectly appearing stump. If this had been done with the above patient he would have had a stump of only two or three inches below the elbow. Such a stump is poorly adapted to the application of an artificial arm and is not as satisfactory as the result obtained by more conservative measures. The chief object to be attained in the treatment of these conditions is to give the patient as useful an arm as possible. Most of these patients know only one trade, and unless they are able to resume the same occupation after they recover from their injury they may be almost helpless, and may even become dependent upon charity. Therefore the problem of treatment of a crushed hand or arm becomes an economic as well as a surgical one. The surgeon should always bear this in mind and should constantly endeavor, even at the risk of prolonging the patient's stay in the hospital as a result of his ultra-conservatism, to do an operation which will ultimately give the patient the most useful hand and arm.

A few matters of technic might well be considered at this point. When the patient enters the hospital all active bleeding should be stopped by the application of a tourniquet. If there is much shock an effort should be made to relieve it, by blood transfusion if necessary. Within a short time after the tourniquet is applied there is usually enough numbness of the part to permit the hopelessly crushed and devitalized tissues to be painlessly trimmed away. In the actual repair of the wound a general anaesthetic of ether or ethylene is desirable.

If there is much grease and dirt present it is usually easily removed with benzene and ether. After this the cleaning process should be continued until all foreign material is removed, using a brush, green soap and water. This in turn is followed by a thorough lavage of all traumatized tissues with normal saline solution at body temperature. The use of tincture of iodine as an antiseptic in these wounds devitalizes tissues and increases the amount of material which must either slough or be absorbed. In either instance it delays healing and creates an excellent nidus for possible infection. A two per cent aqueous solution of mecurochrome may be used without danger, but the use of any germicidal agent is unnecessary if thorough mechanical cleansing is carried out. This stage of preparation is almost as important as the operation itself. Following this a debridement is done. All completely denuded bone is removed. Even at the risk of future infection pieces of tissue whose viability is questionable may often be saved with surprisingly good results. On the other hand they may slough or later have to be trimmed away. Any muscles or tendons which can be spared and anchored to the stump add greatly to future usefulness. The conservative operator, after leaving bone uncovered in the hope that it may be of use to the patient is often rewarded by seeing granulations rapidly grow in from the surrounding tissue and cover the denuded area. At times pieces of skin completely detached from their circulation will become adherent and form islands of epithelium which decrease the area requiring skin graft later.

CONCLUSIONS

1. Traumatic wounds of the forearm and hand are important economic as well as surgical problems. This should always be borne in mind at the time of the original repair.
2. It is important from the standpoint of usefulness to the patient to conserve as much tissue as possible even when its viability is questionable.
3. The value of any procedure should be judged by the length of time required by the patient to recover the use of his hand and arm, and by the degree of usefulness finally resulting.

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PERIODIC MEDICAL EXAMINATIONS OF THE APPARENTLY HEALTHY*

A. M. SHAEFFER, M. D.
(JACKSON, MICHIGAN CLINIC)

The Words of the Poet

"Of all sad words of tongue or pen
The saddest are these 'It might have been' "

were written many years ago. However they might well be used in connection with Preventive Medicine and Periodic Medical Examinations. Preventive Medicine has become an important and valuable development in Medical Science. The periodic examination of the apparently healthy has revealed many vital defects or impairments which extensive experience has taught would have meant a shorter life and certainly a very unhappy one.

Let us consider some of the basic desires of man in his effort to continue to live. The distinguishing feature and essential peculiarity of American History is that for three centuries the United States had a frontier. Not a fortified border but a place "where the trails run out and stop." With each advance of that frontier, new territory was settled and developed until each geographical division of the United States has gone through stages of advancement.

What is true of the geographic development is also true of modern scientific medicine. Each new division of scientific endeavor opened up has had further development of the fields of investigations thus opened for study. Greek and Roman medicine have left but little imprint upon modern medicine because the pioneers such as Galen and Hippocrates explored new fields but there was no development in these subjects. For almost 1500 years after Galen, the field of medicine was as truly unexplored as was the American Continent between the voyages of Lief Ericson and Christopher Columbus. Just as other pathfinders followed in chronological order so in the field of Medicine the frontiers have been pierced by such men as Vesalius, Wiersung, Willis and Havers. Vesalius gave us his valuable plates of dissection and Wiersung told us of the ducts of the pancreas, Willis told us of the circle of bloodvessels at the base of the brain, while Havers described the canals in the bones.

Other trail makers came, who told us of the function or physiology of the body. Harvey published his epoch making discovery of the blood. Beaumont studied

digestion and told us as of his work with Alexis St. Martin. Bernard and Sequard opened the now fertile field of internal secretion. Jenner, Pasteur and Lister formed a triumvirate that has given the human race reason to rise up and call it blessed.

The last medical frontier to be explored is Preventive Medicine. In 1796, Jenner published his method of preventing small pox by vaccination and thus changed a piece of folklore into a scientific truth. Very little was done in other fields of protective inoculation until Pasteur used it in bestowing immunity to animals from anthrax and hydrophobia. Lister introduced his methods of antiseptic surgery in a very fertile field. His work was influenced by the work of Pasteur. Pasteur had not studied medicine yet he was able to determine the true cause of disease hidden from physicians throughout the world's history. He trod unblazed trails with an accuracy and tireless zeal almost beyond comprehension. He was the first to recognize the significance of micro organisms in the economy of Nature. It has been said that Pasteur and Lister "formed a brotherhood of science laboring to diminish the sorrows of humanity" yet their efforts at first were met with scorn and indifference.

In brief such were the medical frontiers established until the early seventies. Koch, Behring, Roux, Ross, Reed, Lazear, Meyers, Gorgas and many others were pathfinders and made epochal discoveries which have followed with startling rapidity until today even the school child speaks in no uncertain terms about his "Schick test." The frontiers have been extended so fast that as yet some of the fertile fields are touched but little. Much of the benefits are yet to be realized. This great renaissance of science has caused the frontiers of medicine to dwindle to narrow margins and isolated areas. It has not however finished all the work. It has only begun. Some one has said that great as is the work of the pioneers, both geographic and scientific, their work only opens up the territory which they have explored. They do not make it useful and available to mankind. New wars both in the geographic and a scientific sense are constantly being waged. While war claims its sacrifice in millions of lives, disease each year claims its tens of millions. Pneumonia, tuberculosis, influenza, cancer, meningitis, malaria, epilepsy, insanity, feeble mindness, malnutrition, abnormal development and a multitude of other diseases claim their many victims. And what a host of wounded do we have in this war of disease, many of whom suffer and long for death as a relief.

*Given at Three Rivers before the St. Joseph County Medical Society June 11th, 1926.

Is not the battle against disease much more imperative in its call than the battle of man against man? In a sense therefore the development of a new field of scientific endeavor is more important, so far as tangible results are concerned than the mere path findings of the pioneers. We must have the same keen accurate observation, honest critical judgment and aggressive courage of our new convictions.

A few years ago mosquitoes, flies, ticks and fleas were considered by most people to be unworthy objects of serious study, but now it is known that they are important factors in the spread of various diseases. Preventive Medicine assumed a newer aspect in this respect. It is presenting a new frontier to those of us standing today on the "falls line" of Periodic Medical Examination of the individual particularly during middle life and more advanced age at which periods experience teaches us important organic changes are apt to take place. Those periodic examinations are not evolved for the purpose of helping the individual who is obviously ill, who knows he is ill and who knows that he should receive medical advice and treatment. Quite the contrary. The idea was developed for the benefit of the large number of people who appear healthy, feel healthy and believe they are healthy but in whom there may exist an abnormal condition which has neither manifested symptoms nor made itself felt in any manner, a condition which is potential source of trouble. The defect may be described as a weak link in the chain of an individual's physical well being.

It might be argued "better leave well enough alone" (how many physicians have after a cursory examination used that expression and the patient later have a serious malady and the physician a sad and cruel awakening because of his mistake). There is no more reason in such a course than it is to say the engineer is wrong who makes periodic examination of the important bolts, brakes and other vital adjustments of his engine to avoid breakdowns and resulting accidents.

Medical science may be obscure and hazy about many things, yet it is well equipped today to detect and check up on the early signs of man's ills. How often have we heard people say "I would give anything to be healthy and physically happy again." We, as physicians, are capable of being good pathfinders for those who wish to avoid these thoughts and experiences of the "might have beens!"

The Saturday Evening Post, a few weeks

ago, had a very timely editorial on "Completing the Sale." The editor pointed out that the custom of periodic health examinations is increasing with great rapidity, that millions of individuals can add to their health by the sheer will to observe expert and authoritative instructions. Are we as physicians ready to give this expert and authoritative instruction? I believe we are. Before we do that, we must be able to take a careful and painstaking history and make a complete and comprehensive physical examination. Only a few weeks ago a woman came into my office complaining of intestinal worms for the last year. Evidently she had had round worms (*ascaris*) for which *san-tonin* had been effectual, but she also had a continuation of her symptoms. A careful history and physical examination would have revealed to her attending physician (as it did to me) that in addition to her parasitic infection, she also had a *tabes dorsalis* with gastric crisis.

Other examples may be noted. The apparently healthy person may be examined and an incipient tuberculosis may be found, or perhaps a heart may not be so good as evidenced by shortness of breath on exertion.

Malignancy in the intestinal canal may early have slight hemorrhoids as the first objective signs. Malignancy of the breast or of the uterus is noted where the individual does not suspect anything wrong.

A person may have a disturbed pupillary reflex which may warn us of the possibilities of syphilis confirmed by Wasserman test and other evidences and treatment started before the individual is incapacitated.

Many, many examples may be cited. Incipient goitre, diabetes and focal infections of various types are frequently found in a periodic examination of the apparently healthy.

PROCEDURE

How is this physical examination program to be carried on? It must be an educational feature in our own communities. Its real success will be revealed by word of mouth from the individual who has had this service to the one who is going to get it. This will depend upon how thoroughly the work is done. We, as doctors, must qualify to do it thoroughly and give the expert and authoritative advice in such a manner that the individual will know a good service has been rendered him. So by having one motto such as "Have a Health Examination by your Physician every Birthday," doing good work, giving good advice, the individual himself will soon carry the word to others and in this way our educational campaign

will get its start. Our newspapers, our magazines, our insurance companies, our factories, our luncheon clubs, women's clubs, in short all organized society will follow our leadership in extending this frontier in Preventive Medicine.

The manual now published by the Press of the American Medical Association and distributed by our own Michigan State Medical Society to its members should be utilized in advancing this movement. After this manual is read, committed and digested, let us turn to Osler, that Peer of Medicine, for the Master Word in Medicine. In Toronto in 1903, he delivered this address in which he said:

"Though a little one, the master word looms large in memory. It is the open sesame to every portal, the great equalizer in the world, the true philosopher's stone, which transmutes all the base metal of humanity into gold. The stupid man among you it will make bright, the bright man brilliant, and the brilliant student steady. With the magic word in your heart all things are possible—not only has it been the touch stone of progress but it is the measure of success in every day life—and the master word is WORK, a little one, as I have said, but fraught with momentous sequences if you can but write it on the tablets of your hearts and bind it upon your foreheads."

We must work thoroughly and systematically. The blanks prepared by the American Medical Association may be used or similar ones used. Forms should be used. Through the practice of recording methodically fitness of persons passing through our hands, we will acquire an increasing skill and keenness in detecting early evidences of preventable and curable conditions. More important still the general employment of a thorough and complete method of inquiry by us will teach the laity to appreciate the value of good medical examinations in preserving their health and will encourage attention to details of personal hygiene on which continued health so often depends. They are asking us for advice and if we detect early pre-clinical conditions and locate focal infections, we are fulfilling some of our duties as physicians. We will be called upon to outline the proper use of food or water and to immunize against certain diseases. Vaccination typhoid may be prevented by inoculation, small pox epidemics controlled by vaccination, diphtheria is robbed of its horror many times by the use of toxin antitoxin. Every individual having the periodic health examination should know and enjoy the benefits of these things.

In the language of the time honored comparison of the human body to an automobile—a periodic overhauling is not enough. The machine must not only be in the best mechanical condition possible, but must also have a driver trained to operate it intelligently. We as physicians have been good mechanics no doubt and have limited our attention to the machine but have neglected the driver except for very brief instructions. This means that we as physicians in addition to caring for the sick must assume responsibility for the instruction of the supposedly well in such details of hygiene as will prevent them from developing illness.

The examination and diagnosis of the apparently healthy no doubt requires more skill than in handling individuals requiring medical and surgical treatment. The details of the personal history may be filled out prior to the health client's call to our office. This will aid us in verifying certain answers and following certain leads obtained. Since this examination is by appointment sufficient time is had to conduct it in a careful and scientific manner. Some times further study and additional examination will be required to determine the precise location, extent and character of various disease processes or defects which may be revealed or suspected as the result of the health examination.

The summary is for the convenience of the future reference to the record and is designed to commit the physician to an expression of opinion as a result of his study of the history and examination of the health client.

The advice given should consist of written directions to the client for the correction or limitation of defects or errors discovered.

LYMPHANGIOMA OF TONGUE

Report of Case

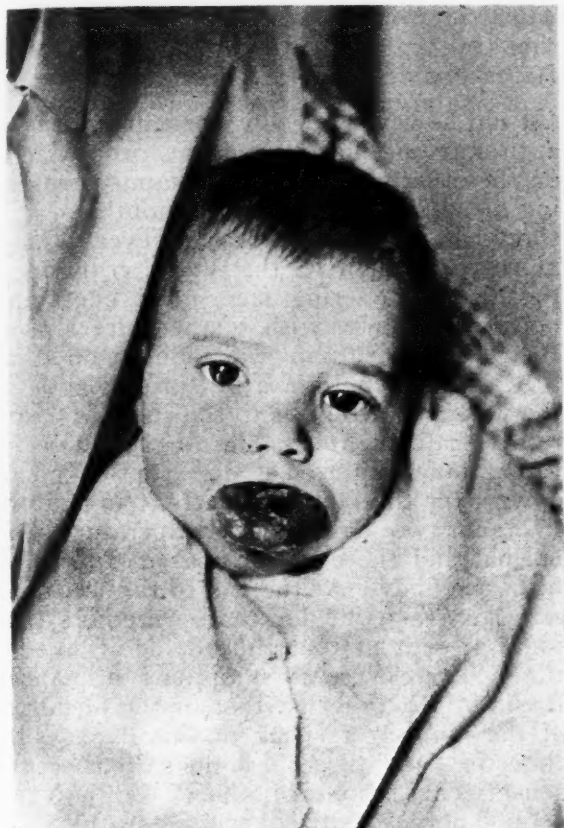
CLAIRE L. STRAITH, D. D. S., M. D., F. A. C. S.
DETROIT, MICH.

A white infant, 8 months of age was first seen by me April 12, 1926. Oral examination revealed a dry red tongue, considerably enlarged, hard, coated and apparently filling the entire mouth and holding the lips and teeth apart approximately one-half inch.

The tongue enlargement was evidently due, both to a cyst like swelling beneath the left side and also to an enlargement of the tongue itself. The examination of the organ could not well be made without considerable pain and discomfort for the patient, so she was removed to the hospital for treatment of the ranula and further examination.

Under light anesthesia the cyst was opened, a comparatively small amount of brownish material liberated and a Brophy ranula ring inserted.

mentioned had no beneficial effect. The tongue continued to enlarge, the temperature varied from 100 to 106. Oral feeding became impossible and the child was fed by gavage



Lymphangioma of Tongue.



Lymphangioma of Tongue

The surface of the tongue was then examined and found to be thickly spotted with reddish tufts of dilated blood vessels which were easily abraded and bled slightly, simulating closely the pathologic picture of lymphangioma as given by Butlin in his excellent book "Diseases of the Tongue."

The mother stated that the child had had an enlarged tongue at birth. It had remained abnormally large and was subject to frequent attacks of inflammation, such as the present one, during which the tongue would enlarge considerably, bleed occasionally and eventually subside leaving the tongue slightly larger after each attack. It was noted that the attacks occurred during the engorgement stage accompanying the eruption of the teeth, an occurrence which is also reported by Brault.

The attacks were accompanied by a rise in temperature, irritability and considerable difficulty in nursing. In fact the child could only be fed by pressing the tongue down with a cup and pouring liquids into the mouth.

The slight operative procedure above

for the majority of the stay in the hospital. It was thought that an abscess might be forming in the tongue, so the tongue was opened but no improvement resulted. Three weeks after the original operation the child contracted erysipelas and died on the fourth day following.

Pathological examination of the tongue revealed large cystic areas filled with necrotic material; dilated blood and lymph vessels and considerable round-celled infiltration, corresponding closely to the pathological description as given by Butlin.

The treatment of this condition by radium has been found to be almost a specific as reported by New, Abee and others but due to the high temperature we were unable to apply radium for fear of the reaction which might follow.

Lymphangioma involving the entire tongue is a very rare condition and in a fairly complete review of the literature I have been unable to find another case reported in which the tongue attained such a size in a child of this age.

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EXPERIENCE WITH SCARLET FEVER ANTITOXIN

V. F. HUNTLEY, M. D.
 LANSING, MICH.

Scarlet fever has not been as prevalent with us as in "former seasons and during the past winter and spring, the cases that have come under my direct observation and treatment, have been so mild that they did not think it serious enough "to make use of the remedy, in fact many cases no doubt have occurred and called no physician. In the face of such a condition it has been difficult and in many cases impossible to use the preventive. There is another condition that has made it more difficult, and that is the very indefinite assurance of the authorities as to its value, and the considerable expense attached to the use of it. However I did have the opportunity in two families, to use the antitoxin and with the following results:

On March 5th of the present year was called to visit a Mr. D—18 years of age, high school student, who had a perfect symptomatic case of scarlet fever, throat rash, fever and all typical of the disease. The patient refused the antitoxin but there were four other members of the family who accepted the prophylactic, and the same was administered the evening of the fifth. Their home was small, and we had every reason to expect failure here, on the contrary, no one of them contracted the disease. The mother who was a frail, sickly woman remaining to care for the son.

On March 17th was called to see a Mr. G—age 37, spare built and a frail looking man. He had been in bed about six hours and appeared to be quite ill, temperature 104, respiration 22, pulse 120, eruption on face neck and upper chest, marked throat very sore, fauces and tongue red, thirst marked with nausea but did not vomit. As it was late in the afternoon decided to wait until morning for the eruption to become more definite, so took a culture from the throat and

sent it to the State Laboratory. This was done for the reason, that during the past winter we have found, that quite a percentage of the streptococci throats carry a well defined eruption for 24 to 36 hours when it would disappear and you were thankful that you waited. So in this case I was unable to decide definitely.

I did however have his consent to use the antitoxin on himself and the prophylactic on the other members of the family consisting of wife and one child 20 months of age, should it prove to be scarlet fever. Came morning, and with it the typical eruption of the disease covering face, neck, chest and body completely, with temperature still at 104. The antitoxin was administered at 9 A. M., March 18th, a full prophylactic to the wife and two pills to the child. On my return call the next morning, found the throat much improved, the eruption going down over the body regularly, temperature 102 and two days later temperature was normal and the eruption was disappearing from the body. At the end of the week the eruption was gone and there were no symptoms present at that time or again at any time. There were no symptoms of anaphylaxis or reaction in either of the members of the family. I speak of this here, as at times in some cases there does occur serum sensitiveness, and in those the patients should be desensitized before the full dose is administered. This man was discharged from quarantine April 17th, gone back at his work again in perfect health apparently for more than three weeks, I was relating my experience with considerable confidence, when without warning, May 13, I received an urgent call to see the man's wife, examination revealed a typical case of scarlet fever, eruption perfect, temperature 104 but without throat symptoms. Saw patient a second time May 14th, temperature, rash entirely gone except below the knees; temperature 100. Baby developed a slight eruption but without fever. Mr. G—had the disease nearly two months before and had been at work since April 17th and here are the other members coming down each on the same date. While the prophylactic is not warranted to protect more than six weeks or two months, and as they were all right for that length of time it seems that we should not complain very much. Also on account of the mildness of the attack; but it did not seem to me that they should come down the very same day, so I began to look around a little, and discovered that about a week before the last outbreak Mrs. G— had taken a worn rug off the floor that had not been removed during the fumigation, and cut it up into small

ler ones, so there you are. Personally I do not believe that these two cases carried the infection for about seven weeks after exposure, and then taken ill within 24 hours of each other. On the other hand I do believe in this particular instance the prophylactic did protect, for while the eruption was typical it lasted only two days in either instance, there were no throat symptoms, and no kidney or other pathology. Fully realizing that one or two cases do not signify very much in the final summing up of the use of any remedy, still, it all helps us to reach our final conclusion as to the value that it may stimulate further trial by others as opportunity offers.

In the summary we are taught two things: First it seems to save the patient from the dangerous complications so often following a severe attack of the disease, second, it brings the question of quarantine squarely up to the authorities. The extremely long period of quarantine now necessary by the danger of the disease, is especially hard in our industrial centers, where the loss in wages doubles the expenses to the public by reason of the care made necessary. In conversation with the head of the state health department recently, it was agreed that some ruling covering this conditions should be made, and no doubt would be, if the use of the antitoxin proved as effective as its friends hoped for. It looks to me that it might stimulate the use of the preventive by the public, if it were publicly announced from the office of the health department, that the successful use of the antitoxin would save from one to two weeks in quarantine.

AN IMPROVISED FRACTURE TABLE

DON H. DUFFIE
CENTRAL LAKE

For broken hip, Scudder* says the Whitman abduction treatment, by plaster cast, is "Infinitely better than the older, let-alone methods of immobilization by simple traction."

It is also more comfortable, while the frequent change of position made possible, considerably reduces the mortality.

But it is awkward to apply a plaster spica without a fracture table. The one here shown can be made, while the fracture waits, by any village blacksmith or plumber. It fastens to a table, occupies no floor space when idle, and is quite satisfactory.

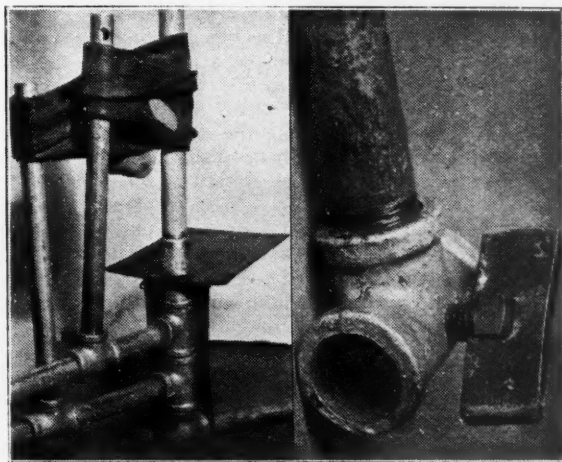
*Scudder: The Treatment of Fractures: 9th edition, p. 395.

Traction is maintained by the elasticity of short loops of old tire tube donated by the garage man. It is a rare assistant who can exert traction so relentless and unwavering as that cheerfully rendered by the lowly inner tubes.

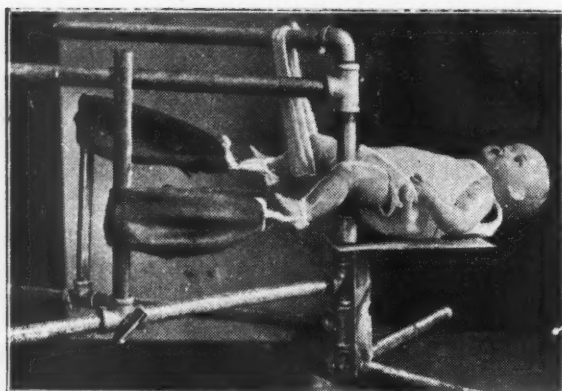
The pelvic support is $\frac{1}{8}$ -inch sheet iron, 7x10 inches. The remainder is assembled from $\frac{3}{4}$ -inch galvanized water pipe. The leg bars five feet long. The threads are reamed from the cross-piece of the T's so they can slide along the pipe. The traction arms thus cramp and hold, against the stretch of the rubber, at any point they are pulled to, like the sliding arm of a Balfour retractor. Our village blacksmith, opines the thing can be built for less than \$10. With standard-set plaster and Gauze Crinoline, one can easily and cheaply roll his own plaster bandages, and know they are good.

For broken hip, the manipulation (condensed from Scudder) is:—Under full anesthesia, inward rotation of limb, then traction while supporting the hip, till limbs equal length: hypertension of thigh, slight flexion of knee (both favored by having traction horizontal only, **not** supporting the limb from dropping of its own weight.); complete abduction, both thighs; foot at right angles, both toes and sole pointing slightly inward.

The advantages of the Whitman treatment are made more available, wear and tear on the attending family considerably minimized, by enabling the encasted patient to turn himself over in bed without the aid of a wrecking crew. The illustration shows a crude counterpoise which in the one case where tried, worked to the marked satisfaction of all concerned.

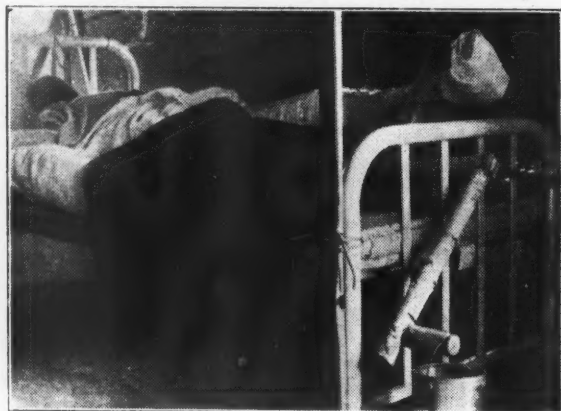


The "T"s slide along the pipe; friend blacksmith having reamed the threads out of the cross-piece. The pelvic rest is supported by a post of 2-inch angle iron, and screwed snug against it by the coupling on perineal bar.



Traction is maintained by the elasticity of old inner tubes. In fracture of femur neck, not to support injured limb favors desired hyperextension of thigh and flexion of knee.

(By posing doll instead of large figure, detail can be better shown in small illustration.)



A crude counterpoise, turning on hinges, which enabled patient in cast to turn in bed without help, greatly facilitating home care, and contributing to patient's comfort. The rope at the ankle passes over a pulley above, then to where he can reach and make it fast.

AUTOTRANSPLANTATION OF TOE FOR TRAUMATIC LOSS OF FINGER

Joseph E. Fuld, New York (*Journal A.M.A.*, April 24, 1926), reports the case of a man, aged 30, who while operating a bread-slicing machine, accidentally amputated the distal third of the middle finger of his right hand. The wound being recent and clean, Fuld considered this a favorable opportunity to attempt grafting a toe to replace the missing finger. The day following the injury, he made an incision at the level of the head of the fifth metatarsal bone, transversely across the dorsum of the small toe of the right foot, deepened through, exposing the exterior tendon. This was cut across and the bone disarticulated. The incision was carried farther until the toe was left attached to the foot by only a pedicle plantar flap consisting of skin subcutaneous tissue, plantar vessels and flexor tendon. The dorsal skin edge of the stump of the finger was freshened. The end of the exterior tendon was sutured to the distal end of the extensor tendon of the toe, and the dorsal skin edge of the finger was sutured to the distal dorsal skin edge of the toe. This necessitated complete immobilization of the parts with the hand in constant juxtaposition with the foot, which was done by properly placed adhesive plaster and gauze bandages. The patient was placed in a Gatch bed. The second stage of the operation was performed as follows: The pedicle flap was cut across transversely, exposing the flexor tendon, which was also cut and sutured to the flexor which permitted flexion of the body to almost an upright position.

This gave fairly comfortable position and relieved tension on the bandages. The cosmetic result was satisfactory, and sufficient function was obtained to permit the closing of the hand in complete flexion. Sensibility has partly returned. The color of the skin is practically the same as the color of the other fingers.

PRACTICAL VALUE OF EXAMINATION FOR ENDAMEBA HISTOLYTICA BY CULTURE

J. H. St. John, Washington, D. C. (*Journal A.M.A.*, April 24, 1926), records his experience with culturing amebas in four cases. In one case, the culture was positive in twenty-four hours, and the ameba recovered was identical with that observed in direct examinations. By subculturing every forty-eight hours, this ameba has been carried in culture for the last four months. In another case, the ameba has been maintained in culture for the last three months; in a third case, for a period of two months. In cultivation, a specimen of stool, 48 hours old, contained a moderate number of cysts of *E. Histolytica*. Motile amebas, *E. histolytica*, were recovered in culture at the end of twenty-four hours' incubation. The stool was placed in the icebox, and subcultures were taken after a lapse of eight days, when motile amebas were again recovered. St. John says that the movement and form taken in movements are sufficiently characteristic of the large strains of *E. histolytica* to aid materially in its identification. The rate of movement in culture calculated from that of four active specimens, is 27.9 microns to the minute, or slightly less than $1\frac{1}{2}$ inches a day. So characteristic is the movement of *E. histolytica* than any entozoic-ameba obtained from man in culture which is found to move actively across the field of the microscope should at once incite a strong suspicion that the ameba in question is *E. histolytica*. St. John feels that it is probable that the application of the cultural method to surveys of the population will necessitate a revision upward of the incidence of amebas in man.

MODIFICATION OF PRESENT METHODS OF GASTRODUODENOSTOMY

The method described by Walter Hughson, Baltimore (*Journal A. M. A.*, April 1926), is offered only as a modification of the Finney-Haberer operation and in no case as a new procedure. Inversion of the duodenal stump is always a source of some concern, and inversion with subsequent reopening, as in the Finney-Haberer operation, does not seem necessary in all cases. This inversion uses up at least 2.5 cm. of the available duodenal length, and where mobilization is so important it seemed advisable to Hughson, therefore, to preserve the entire length of available duodenum for suture. Starting at the lesser curvature, the end of the duodenum is sutured to the stomach by any method the operator may prefer. When half of the circumference has been used in this way the duodenum is split in its long axis about 1 cm. from its attachment, for a distance sufficient to make the opening correspond exactly to that of the stomach. The small angular tab formed is trimmed off. The posterior suture being completed, the anterior wall is closed in the usual manner. The blood supply is not interfered with in any way and is entirely adequate. Opportunity has presented itself to use this method in only one clinical case, but the patient's post-operative course was perfectly smooth. There was no vomiting, no elevation of temperature, and no evidence whatever of retention. A roentgen-ray examination one week after operation showed a perfectly normal emptying time—less than five hours. Gastric analysis done at the same time showed a marked reduction in free acid and practically no regurgitation of bile.

PUBLIC HEALTH ACTIVITIES

Edited By

MICHIGAN DEPARTMENT OF HEALTH

FLOCCULATION OF SCARLET FEVER TOXIN AND ANTITOXIN

M. S. MARSHALL and ESTHER SHULTIS

Several years ago Ramon, in Paris, applied to diphtheria toxin and antitoxin the observation of Nicolle and several other workers to the effect that toxins and antitoxins, when mixed, will give mutual specific flocculation. He noted that there was a quantitative relationship involved. When different amounts of antitoxin were added to constant amounts of toxin all tubes showed flocculation in the course of time, but the first one to flocculate was invariably the mixture in which the toxin and antitoxin exactly neutralized each other.

This method should, theoretically, supplant the more cumbersome guinea pig method; as a matter of fact, it has certain disadvantages which make it of value only in a few phases of such titrations.

Somewhat over a year ago Dr. Dyer, of the Hygienic Laboratory in Washington, applied the Ramon technic to the titration of scarlet fever toxin and antitoxin, with seemingly very favorable results. The report was, however, preliminary only, and he has since found that the method is not as favorable as at first expected.

The Doctors Dick of Chicago have tried the method, and it has been tried in Rochester, New York, but thus far no favorable reports other than the one of Dyer, since qualified, have come to our notice. The advantages of such a method for the titrations of both toxin and antitoxin in the case of scarlet fever are obvious, since at present we have no satisfactory method for the titration of either substance other than extended controlled skin tests on human volunteers susceptible to scarlet fever.

Starting with Dyer's favorable preliminary report on the flocculation method, we began last fall to attempt a duplication of his results. The only antitoxin available was the concentrated material prepared under the direction of the Doctors Dick, but we had several Dick toxins, as well as some lots of our own.

In brief, the flocculation was found to be as striking as in the case of diphtheria toxin and antitoxin. Flocculation begins in the perfectly clear mixture with a gradual ag-

glomeration of the interacting molecules until they finally interfere with the light and the mixture becomes turbid, then, as the particles increase in size there is an appearance of a suspended fine precipitate, and finally the clumps become large and flocculent and settle out.

Flocculation is, as in the Ramon diphtheria method, slow at room temperature, and more rapid as the temperature is increased. And the variable time limit before the appearance of flocculation seems to parallel the Ramon flocculation—it is sometimes slow and sometimes rapid, depending on the toxins used. At room temperature, the reaction may take as long as 24 hours.

However, the mixture of toxin and antitoxin giving flocculation first from the standpoint of time does not represent a neutralized mixture. In our experiments the amount of antitoxin was always too small—insufficient to neutralize the toxin present.

To determine the fate of the toxin we prepared filtrates from the flocculated mixture, and made dilutions of this for testing on people susceptible to scarlet fever to determine whether any toxin remained in the unflocculated liquid. Tests made by Miss Kendrick of the department showed that toxin existed free in the filtrate, although not of course in the concentration originally present.

Attempts to produce further flocculation by the addition of further amounts of antitoxin to the filtrate were fruitless. And calculation showed that the total of the amount of toxin which should be neutralized by the antitoxin used plus the amount which was found free in the filtrate did not account for all of the toxin.

There should be some free toxin left, and, since it was not in the filtrate, it must be in the flocculent precipitate. This precipitate is insoluble in saline, but by agitation is readily suspended into a homogeneous opalescent suspension. Some of this precipitate was washed with sterile saline and resuspended in saline to a quantity of about one-tenth of the original volume. This clear white material, innocuous except for the presence of toxin (provided, of course, it has not been washed out) was used in several attempts to produce immunity to scarlet

fever in susceptible persons, as shown by negative skin tests following the immunization period. We have thus far only several data on this, and these happen to be contradictory. Hence it is impossible to say certainly whether, first, the unneutralized toxin is mechanically taken down in the precipitate and is washed out, or second, whether it enters into the complex reaction of the flocculation process and is retained there available to produce an immunity, or third, whether it is closely bound in the reaction without being a true toxin antitoxin neutralization.

It would seem that some of the ingredients of the substance we loosely designate as toxin, other than the toxin itself—for the real toxin is only a small part of the broth which contains it—react antigenically in the production of antibodies, and that the flocculation of toxin and antitoxin in scarlet fever is specific for these substances, but not quantitatively specific for the toxin and antitoxin molecules.

It has been suggested that antitoxin made specifically from the toxin which is to be tested might give results. This would have to apply to toxin similarly made rather than identical to be of any value, but it will be worth trying.

It would also seem possible that a quantitative relationship might exist in the proportions giving initial flocculation, but that it is not a direct proportion.

As to the fate of the toxin in a flocculated mixture, the work herewith reported, preliminary as it is, throws some light upon it.

—C. C. Y.

A TYPHOID CARRIER

In 1900, John Doe had typhoid fever. Clinically speaking, he recovered from the disease and resumed his former occupation as an itinerant farm worker. All this happened before the days of state laboratory service, and before it was generally recognized that typhoid fever patients may keep on discharging virulent organisms after they appear to be entirely well.

After his recovery, Mr. Doe accepted a position on the A— farm in Oakland County. During the six years that Doe worked for the A— family and lived with them, four members of the household developed typhoid fever.

For some unknown reason, John Doe left the A— premises, and in 1907 went to the B— farm where he remained until 1910. The B— family consisted of three people, two of whom became ill with typhoid fever while Mr. Doe was engaged in agricultural pursuits on their behalf.

Mr. Doe did not acquire a deep sentimental attachment for one place and he lacked the education necessary for any specialized type of employment, so he continued to wander from farm to farm and to perform relatively simple tasks. It is known that between 1915 and 1925, he worked on no less than seven farms. Cases of typhoid fever occurred on five of these farms, the number of persons in each family who were attacked varying from one to five. In two of these places, there were typhoid fever deaths.

A small outbreak of typhoid fever in a rural community was investigated by the Michigan Department of Health during the month of August, 1925. There were five cases and one death. The first patient to become ill was a member of the J— family, and John Doe was working and living on the J— farm at the time. All of the other 1925 cases could be associated with Mr. Doe.

Sanitary conditions on the J— premises were far from ideal. The house was not properly screened, and flies were very numerous. The privy was poorly maintained, and so constructed that it allowed the free entrance of flies. The personal hygiene of the members of the household was below standard. The situation was an ideal one for the transmission of disease.

Twenty-two cases of typhoid fever, three of whom died, have been definitely associated with John Doe. The feces of this man, who is now under close supervision, have been repeatedly positive for typhoid bacilli.

The narrative of John Doe, and the trail of disease that has followed him since he had typhoid fever is of considerable interest. It is seldom that one is able to trace such a long succession of cases to a single carrier. Doe's history plainly brings out the need for better sanitation and personal hygiene in rural communities.

Such occurrences need not happen in the future. If every patient is isolated until two specimens of feces, negative for typhoid bacilli, have been obtained, the chronic carriers will be discovered, and can be kept under supervision so that they cannot spread disease.

—P. F. O.

MEASURING POPULAR INTEREST IN HEALTH

That popular interest in health has had an unprecedented growth within the last five years is too obvious to need proof. One glance at a newspaper with its health items and health columns, at a news stand with its health magazines, or at a club program with its health speakers is enough.

But as a concrete index of this rising en-

thusiasm, the educational work done by the State Health Department is interesting and significant. Since practically all phases—lecturing, pamphlet distribution, film and poster loan—are in answer to direct requests and are free of charge, their popularity is a close reflection of the general trend.

Requests for speakers show a steady increase. While the unrelated "health talk" is more or less a thing of the past, the lecture service of the department still remains one of the most valuable contact points with the public. Print cannot yet compete with persons when it comes to vividness of impression. Advertising has found no real substitute for the personal representative.

Enlarging the scope of the lecture to include consultation service has taken away the one real objection to lecturing as a means of popular instruction—that it was a "touch and go" system. Speakers from the State Department of Health now not only talk to a club on the topic selected, they sit down with the leaders of the group and discuss actual local situations and programs. Prompt, practical and personal application of general facts is the object, not the mere imparting of the facts.

During 1925 a total of 497 clubs, parent teacher associations, and school audiences were addressed, with a counted attendance of 47,696. Eight thousand of these people saw one of the department's moving picture films as well.

The same increased demand manifests itself in the number of bulletins sent out. Wholesale distribution of pamphlets may have been a shortcoming of earlier health boards, but the tendency has been pretty thoroughly outgrown. Printed material is sent from the Michigan Department of Health only upon individual request, or to a teacher, physician, public health nurse, or group leader who asks for it and agrees to supervise its distribution.

About 60 different bulletins are published by the department, covering practically every phase of public health and sanitation. Every precaution is taken to guard against indiscriminate distribution and waste. In spite of these precautions, however, the number of pamphlets sent out has mounted steadily. In 1920 it totaled 111,397, while in 1925 it reached 446,126. The entire number since 1918 when educational activities in the department were first differentiated, is close to two million.

"Public Health," the monthly bulletin of the department, has experienced the same apparently inevitable growth. There are no longer whole groups on the mailing list—such as mayors, village presidents, town-

ship, village and city clerks—out of the entire list of over 15,000 only 2,000, the health officers and public health nurses, get it without action on their part. In all other cases request must be made individually. There is one exception made for teachers who ask to use the bulletin in classes. All four of the state normals and many of the public schools utilize it in this way. In addition to every state in the Union, there are about 30 foreign countries on the mailing list.

That seeing is one of the shortest cuts to believing has been accepted in health education as well as in practically every other line of popular instruction. The increasing interest and requests for visual material, especially for school use, have led to the addition of an artist to the department staff. Posters for teaching health habits, for instructing prospective mothers, for emphasizing the important points in infant hygiene, and for illustrating the many other do's and do not's of personal and public health are in constant demand.

The attitude of the newspapers is one of the clearest indications of public interest in health matters. As one editor said, there are just two perennial topics, the weather and health. Anything pertaining to health that has the slightest news value, and some things that have not, are printed. And the editor has only one objective—to give the public what it wants. As an impartial indicator of sentiment, the newspaper is infallible.

—M. D.

On May 4th the Michigan Department of Health Laboratories received a group of blood serums from the New York State Department of Health for examination by the Kahn test. This is the first of a series of several hundred specimens to be tested at this laboratory in a co-operative study in connection with the standardization of the Wassermann. This standardization study is being directed by Dr. Ruth Gilbert of the New York State Department of Health. The specimens for distribution to the various laboratories taking part in the study are prepared at the New York State Branch laboratory in New York City. Large specimens are collected and a portion of each sent to each of the co-operating laboratories. When the series of tests is completed, the Wasserman results obtained in the different laboratories will be compared with each other, with the Kahn tests results determined here and with the detailed clinical histories of the patients.

—P. L. K.

Michigan facilities for the treatment

of tuberculosis are constantly improving. Since 1915 the number of beds for tuberculosis patients has increased from 950 to 2,355. The new beds are in county sanatoria. These are modern, or recently remodelled structures with X-ray and quartz lamp equipment, and all of the apparatus required to meet the present day conception of tuberculosis therapy. There are now six county institutions in the state which have full time medical superintendents. A law was passed by the 1925 legislature increasing the amount of state aid to county institutions. The new law has undoubtedly played a large part in the improvement of our methods for taking care of tuberculosis cases.

—G. H. R.

In spite of the fact that examinations made in the Michigan Department of Health laboratory number from 16,000 to 18,000 a month, the number of specimens reported as unsatisfactory for examination is very small, only .2 of one per cent.

By urging the use of containers furnished by the laboratory, we try to decrease even this small percentage. When laboratory containers are used, however, the tops must be screwed on tightly, as otherwise they may come off in the mail and the specimens be lost. The blank which was sent with the specimen usually arrives loose in the mail.

Another problem solved by careful packing of specimens is that of breakage. This is confined largely to blood specimens for the Kahn test. Unless cotton is used to protect the end as well as the sides of the vial, the end may be cracked or broken off, and the specimen leaks out. One-tenth of one per cent of the specimens received is included in this class.

—C. T.

There was a gratifying decrease in the number of cases of Pneumonia reported. This disease has been exceedingly high for the last three months but the number of cases reported for June was below the average and about 40 per cent below the number of cases reported last year.

Diphtheria showed quite a marked increase there being 84 cases more than were reported in May and 137 cases more than reported in June 1925, but still below the average for the past five years.

Whooping Cough showed a reduction from 645 cases in May to 566 cases in June and compared to 916 cases in June 1925.

Scarlet Fever while below May is still almost 20 per cent higher than it was in 1925 and is far above the average of last year.

Measles showed a very sharp drop from May but is still much higher than in June

1925. This disease which has been raging all the year is evidently on the downward trend.

No significant changes appear in the Venereal diseases.

W. J. V. D.

PREVALENCE OF DISEASE

	June Report			
	Cases Reported			
	May 1926	June 1926	June 1925	Average 5 years
Pneumonia	590	302	508	392
Tuberculosis	628	454	592	503
Typhoid Fever	23	38	31	53
Diphtheria	349	433	296	446
Whooping Cough	645	566	916	697
Scarlet Fever	1,288	1,190	1,001	767
Measles	6,444	3,833	2,359	3,362
Smallpox	45	30	117	271
Meningitis	11	13	10	14
Poliomyelitis	4	3	6	4
Syphilis	1,212	1,282	1,332	918
Gonorrhea	729	892	897	904
Chancroid	4	3	13	16

CONDENSED MONTHLY REPORT

Lansing Laboratory, Michigan Department of Health

	June 1926			Total
	+	-	+ -	
Throat Swabs for Diphtheria				1405
Diagnosis	37	404		
Release	82	118		
Carrier	6	742		
Virulence Tests	6	10		
Throat Swabs for Hemolytic Streptococci				574
Diagnosis	177	157		
Carrier	39	201		
Throat Swabs for Vincent's	13	427		440
Syphilis				6399
Wassermann	16	27		
Kahn	1157	5114	83	
Darkfield		2		
Examination for Gonococci	237	1767		2004
B. Tuberculosis				678
Sputum	140	491		
Animal Inoculations	8	29	10	
Typhoid				163
Feces	9	63		
Blood Cultures	1	22		
Urine		5		
Widal	10	53		
Dysentery				45
Intestinal Parasites				18
Transudates and Exudates				141
Blood Examinations (not classified)				681
Urine Examinations (not classified)				316
Water and Sewage Examinations				405
Milk Examinations				67
Toxicological Examinations				6
Autogenous Vaccines				6
Supplementary Examinations				531
Unclassified Examinations				639
Total for the Month				14518
Cumulative Total (fiscal year)				207199
Decrease over this month last year				3272
Outfits Mailed Out				13310
Media Manufactured, c.e.				578620
Diphtheria Antitoxin Distributed units				16430000
Toxin Antitoxin Distributed, c.e.				6640
Typhoid Vaccine Distributed c.e.				727
Silver Nitrate Ampules Distributed				16940
Examinations Made by Houghton Laboratory				1554

Our Convention City—Lansing—September 14-15-16, 1926

HISTORY OF INGHAM COUNTY MEDICAL SOCIETY

In February 1901 some of the leading physicians of Lansing abetted by the ladies who had charge of the Lansing City Hospital, called a meeting to organize a county medical society. The hospital needed the co-operation of a medical organization and the County had no representation in the State Medical Society.

This meeting was held March 1st, 1901 in the Council Chamber in the Lansing City Hall. About 25 physicians were present. Dr. F. W. Shumway acted as temporary chairman and Dr. A. D. Hagadorn as Secretary. A committee on permanent organization brought in a report recommending compliance with the constitution of the Michigan State Society; an initiation fee of one dollar and annual dues of two dollars and that the name should be the Ingham County Medical Society. This report was adopted except this name, which was

changed to Central Michigan Medical Society and the annual dues to one dollar.

The officers chosen were:

President.....A. D. Hagadorn
Vice-President.....F. W. Shumway
Secretary.....L. Anna Ballard

Eleven meetings were held during that year; ten in Lansing and one at Mason.

In January 1903 the society was chartered by the House of Delegates, Charter No. 40, signed by A. E. Bulson, President, and Andrew P. Biddle, Secretary.

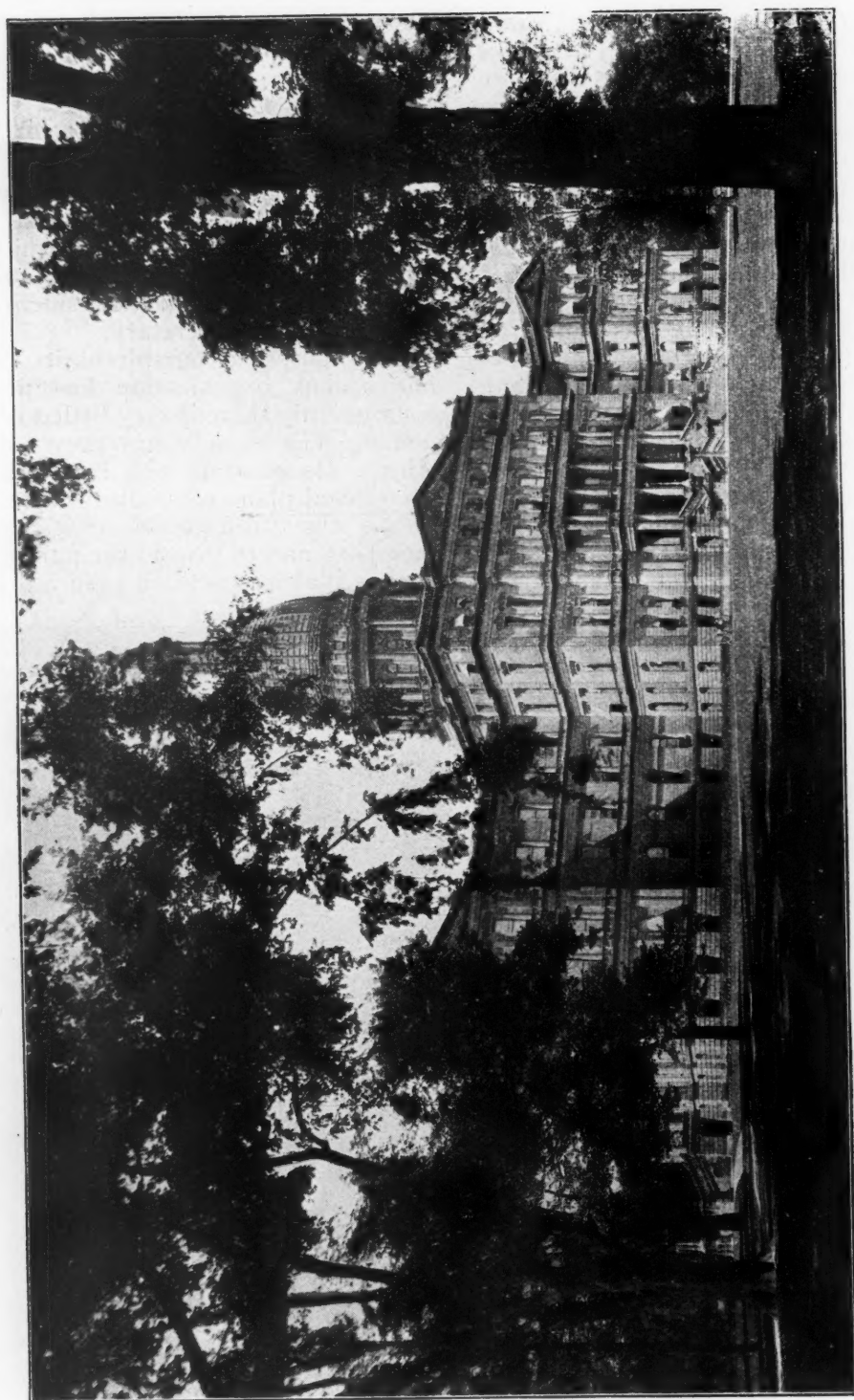
The contented pursuit of its duty by a harmonious organization has no history, consequently there is very little to add to the above. The Society has grown and flourished. Its constant aim has been to raise the ethical plane of medical practice, to increase the professional efficiency of its members, and to give to the public the good service that it is entitled to in return for the



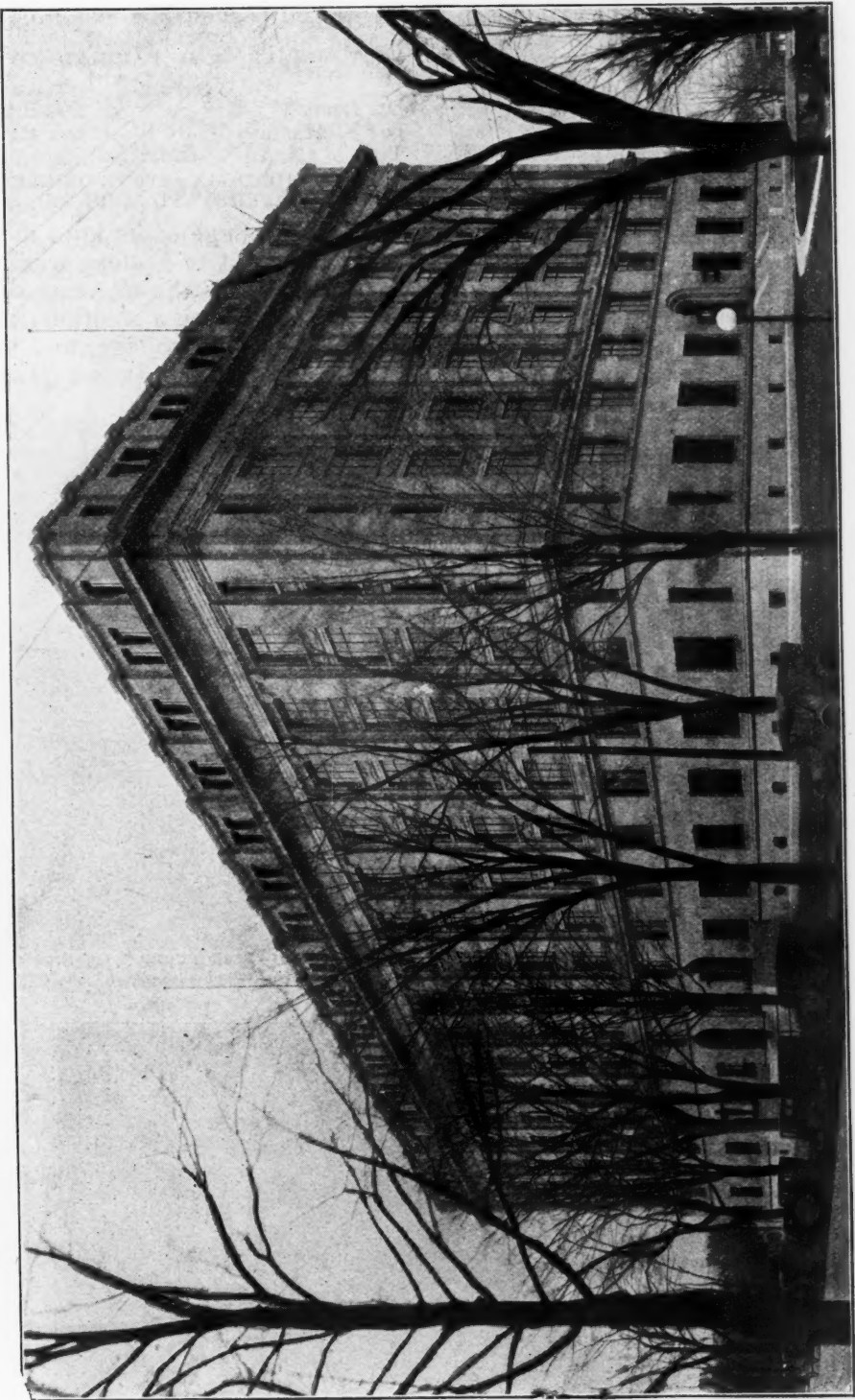
Dr. Fred L. Seger, President
Ingham County Medical Society



Dr. C. F. DeVries, Secretary
Ingham County Medical Society



State Capitol, Lansing



State Office and Library Building, Lansing

privileges and immunities that it has granted to the profession.

SPECIAL COMMITTEES FOR ANNUAL MEETING PUBLICITY COMMITTEE

Dr. DeVries, Chairman
Dr. Cushman Dr. Bartholomew
Dr. R. Miller Dr. F. Jones

SESSION HALLS AND MEETING PLACES COMMITTEE

Dr. Carr, Chairman
Dr. Davenport Dr. Olin
Dr. Owen Dr. Towne

REGISTRATION COMMITTEE

Dr. Wiley, Chairman
Dr. H. Miller Dr. P. C. Strauss
Dr. Wight Dr. Welch

HOTELS AND ROOM ACCOMMODATIONS COMMITTEE

Dr. Christian, Chairman
Dr. Hart Dr. D. Snell
Dr. Freeland Dr. Gauss

ENTERTAINMENT COMMITTEE

Dr. Drolett, Chairman
Dr. McIntyre Dr. Breugal
Dr. McNamara Dr. Niles

RECEPTION COMMITTEE

Dr. Davey, Chairman
Dr. Osborn Dr. Bartholomew
Dr. Haze Dr. Ellis

AUTOMOBILE AND PARKING COMMITTEE

Dr. Weinburgh, Chairman
Dr. Randall Dr. Brucker
Dr. F. Huntley Dr. McCrumb

THE MICHIGAN STATE COLLEGE OF AGRICULTURE AND APPLIED SCIENCE

The first college of its kind in the world, the Michigan State College was founded in 1857 and through the 69 years of its existence has maintained a position of leadership among the leading colleges and universities of the United States. It is a "Land Grant"



The new library, completed in 1924, is modern in every way and completely equipped to serve education and research



Agricultural Hall houses the offices of the agricultural and extension divisions, class rooms and laboratories

institution and is supported jointly by the state and federal government.

During the past few years the college has undergone the most remarkable development in its history both from the standpoint of enrollment and new buildings and equipment. More than 2,800 students, including about 2,300 regular four-year men and women enrolled during the past year.

Adequate equipment in all divisions with courses which are adapted to meet the needs of the students give the college unusual educational advantages. Among the buildings recently constructed are the new library building, the new horticultural building, and the new home economics building. A new \$600,000 chemistry building is now under construction. The new Union building which was opened last fall has filled a long-felt need as a recreational center for

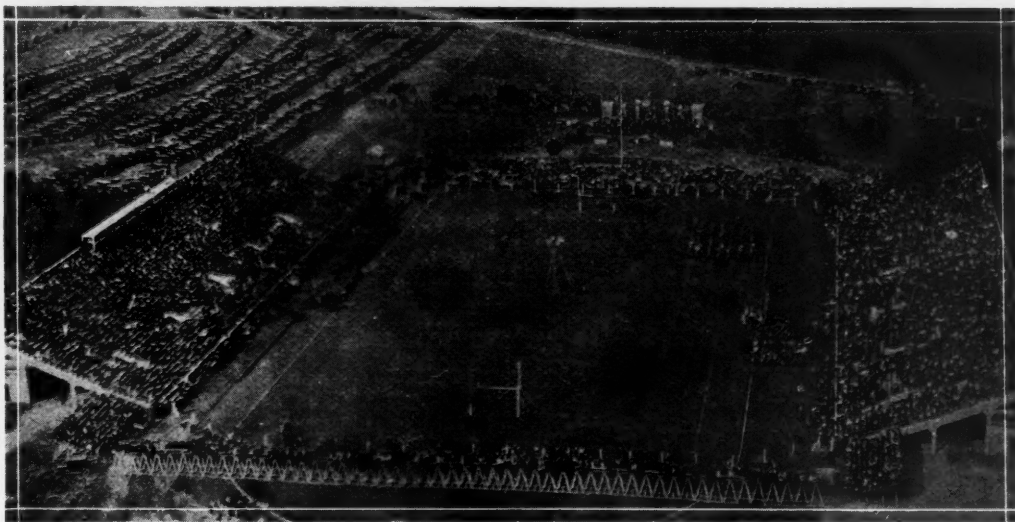
the students and has become a popular meeting place for student organizations and for recreational activities.

Courses of study are offered in Agriculture, Engineering, (including engineering administration) Home Economics, Forestry, Applied Science, Veterinary, Science, Liberal Arts, and Business Administration. Short courses in Agriculture, Extension Courses and summer school work bring hundreds of additional students to the college each year.

The campus has often been spoken of as the most beautiful college campus in America. The broad expanse of well kept lawn is studded with stately oaks, elms, maples, and pines. Winding drives and shady walks lead to the buildings which are constructed in an architectural style that lends to the natural beauty of the campus. The Red



A rustic stone dam raises the water level and makes possible delightful canoeing for a long distance up the river



The new concrete stadium, with a seating capacity of 16,000, is situated on the high ground south of the Red Cedar

Cedar river with its overhanging trees skirts the edge of the campus and lends an artistic charm for which it is famous.

LANSING WOMAN'S HOSPITAL ASSOCIATION
OPERATING THE
EDWARD W. SPARROW HOSPITAL

At a Whist party was first suggested the idea of calling the women of Lansing together to discuss plans for a hospital and at a meeting held in March 1896, more than 100 women attended.

In April the Women's Hospital Association was organized and with less than \$500.00 Capital the work was started. A residence at 310 Ottawa was leased at \$25.00 per month, and remodeled for hospital purposes. Rooms and a Children's Ward were furnished by Church Societies and Clubs. With subscriptions from physicians and business men an operating room was built under the direction of the late Dr. Rush J. Shank, and on May 20, 1896, the first operative patient entered the hospital.

Funds to carry on the work were raised by membership dues, Charity Balls and Bazaars. In the second year the City Council allowed \$5.00 per week to the hospital,

but despite this aid and the co-operation of physicians and surgeons in Lansing and surrounding towns, the Association at the close of the second year was in debt to the amount of about \$1,400.00 and discouraged enough to close the hospital doors.

Through the efforts of a few women, however, a new Board of Control was elected and the work was reorganized in May 1898, on a practical business basis. A sufficient sum loaned by the women paid the debt, the city increased its aid to \$15.00 and the work went on.

In 1899 the Association decided upon a larger building of its own and purchased on contract the James J. Mead property on North Cedar Street, making the first payment on November 15, 1898. Numerous donations aided in repairs and improvements, again rooms, wards and ward beds were furnished by individuals and clubs. The city increased its aid to \$30.00 per week for care of city patients.

In every hospital one of the most important features is a Training School for Nurses and in the fall of 1899 the Woman's Hospital School of Nursing was established, with a class of four young women.



Sparrow Hospital

In 1912 the late Edward W. Sparrow gave to the people of Lansing the present Edward W. Sparrow Hospital building and grounds appointing a Board of Trustees who with the Woman's Hospital Association, Board of Control received from Mr. Sparrow the deed of gift.

The Sparrow Hospital was opened for patients in November 1912, and operated by the Woman's Hospital Board of Control.

The annual 1926 report of the Treasurer showed the total amount of \$126,363.84, receipts and expense \$128,900.04, and a deficit of \$2,536.20. Special sources of income were a refund of \$17,500 received from the Sparrow Estate for repairs on building; from the Community Welfare the sum of \$11,890.00 and the Woman's Hospital Memorial Fund provided \$1,346.05 for Scholarships for the Sparrow Nurses in training to secure College Credits.

The following is a status of the hospital as it is today:

EDWARD W. SPARROW HOSPITAL
GENERAL HOSPITAL
108 BEDS

STAFF:

Senior Members.....	37
Junior Members.....	6

DEPARTMENTS:

Operating Rooms.....	3
Emergency Room.....	1
Obstetrical Department	
X-Ray and Light Therapy (Carbon Arc Light, Quartz and Diathermy)	
Laboratory	
Clinic	
Metabolism	
Historian (Full Time)	

CASE REPORT 1925-1926

Number Admitted.....	1,881
Number Operations.....	1,114
Number Emergencies.....	352

TRAINING SCHOOL:

- 30 Students.
- 4 Months affiliation with the Chicago Memorial Hospital for Diseases of Children.
- 5-Year Course. Affiliation with Michigan State College.
- 15 Scholarships allowed by the Woman's Association.
- Plans are being made for increasing the capacity of both the Hospital and Nurses Home.

THE BOYS VOCATIONAL SCHOOL

This institution under the name of "The House of Correction for Juvenile Offenders" was established in September 1856. Both boys and girls were cared for until about 1865, and then other arrangements were made for the girls.

By an act of the Legislature in 1859 the name of the institution was changed to the Michigan Reform School. Some years later it was again changed to the "Industrial

School for Boys." In 1925, due to the change in purpose and management of the institution, the name was changed to "The Boys Vocational School."

The trend of the times in so far as vocational education is concerned has meant much for the school, due to the fact that men of a more practical turn of mind have been placed at the head and in consequence thus placing the institution among the leading of its kind in the country.

The institution has undergone more changes and has progressed more in the past five or six years than ever before in its history. The population approximates some 500 boys between the ages of 12 and 17 at all times.

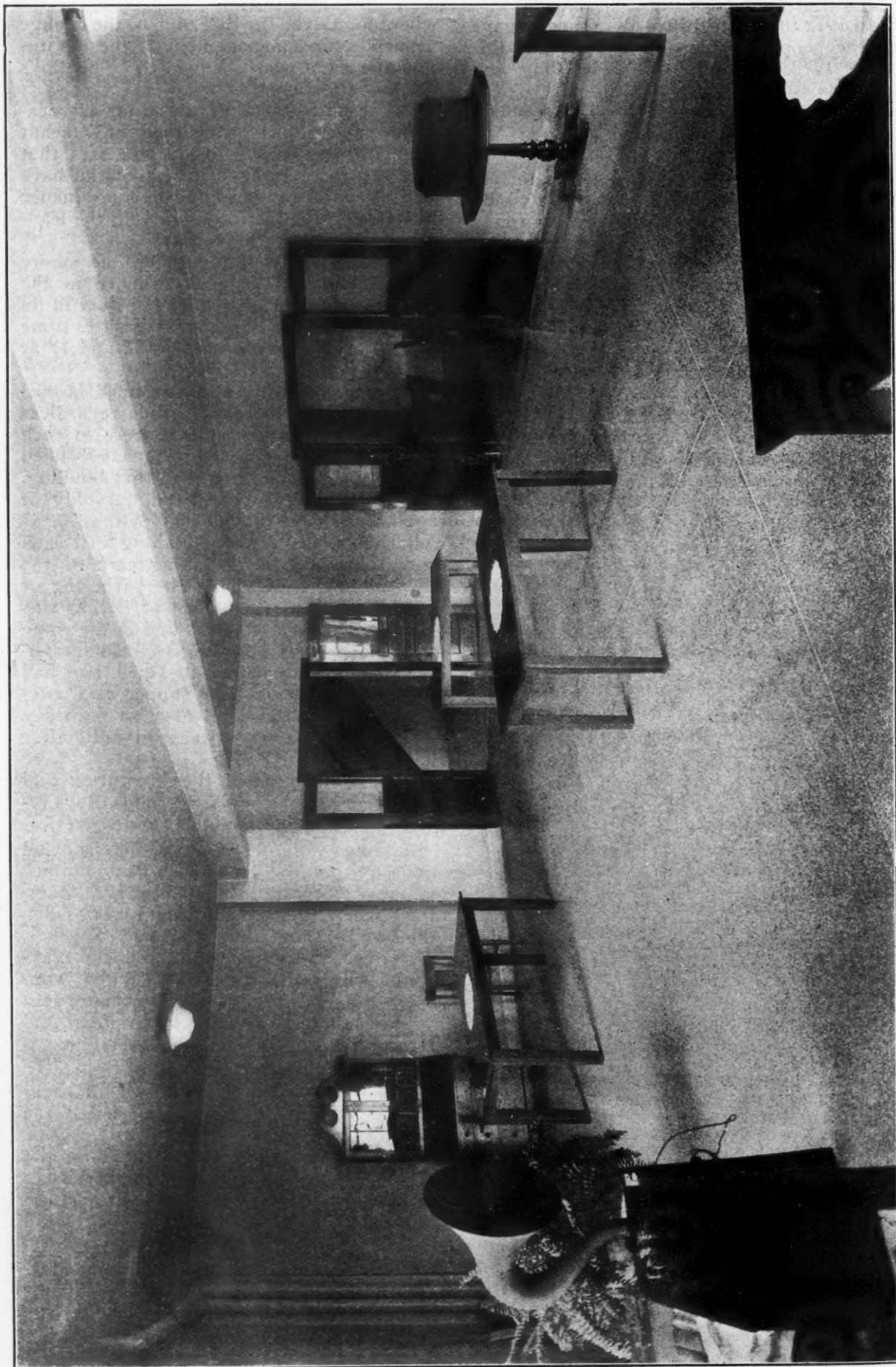
The boys were formerly grouped in cottages according to school grade regardless of age. Sixty or more boys were in each cottage in charge of a man, who was assisted by the teacher who taught in that building. The teacher's duty consisted not only of regular grade work but that of matron as well, such as distributing clothing once each week, censoring mail, taking care of the boys' money, supervising the barbering of those in her charge. (The barbering was often done in school hours and in the same room where classes were being held. Teachers taught a half day, 7 to 11:30, and had charge of the boys after supper each evening until bed time and also on Saturday morning and Sunday afternoon until after chapel.

A fence surrounded the institution and gates were kept locked at all times. Boys retired at 7 P. M. both summer and winter.

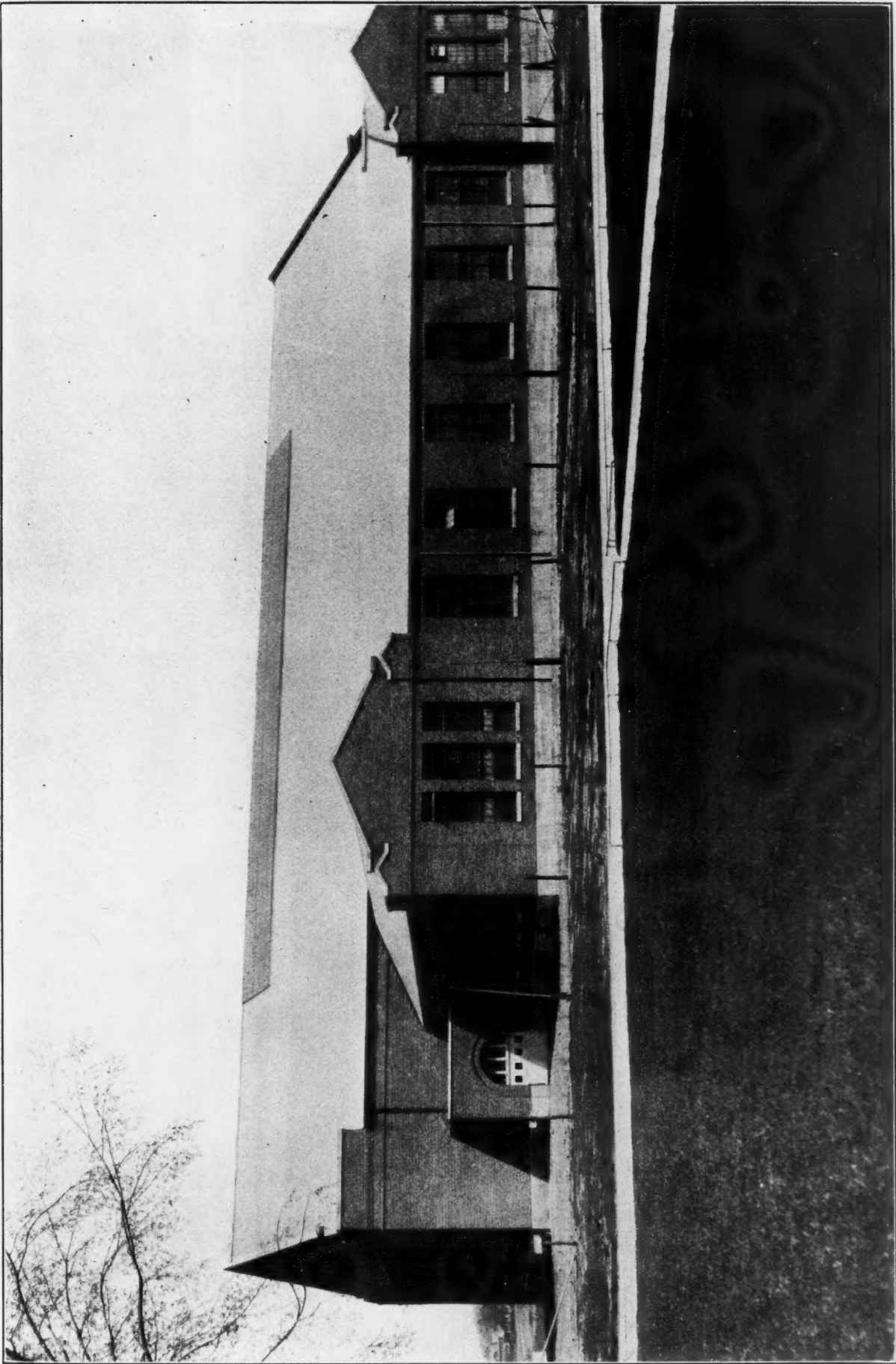
Buildings were old and in poor repair and suffered from the lack of proper sanitary features. A central dining room was maintained where the boys ate from bare wooden tables and sat on stools or wooden benches. There was no gymnasium and no playground equipment and the Library consisted of such books as the Superintendent could beg from those sufficiently interested in the school to donate books and magazines.

Boys were without supervision at night except when the night watch visited the dormitory at intervals of two or three hours. A few shops provided employment for the boys when not in school but all of these were handicapped by lack of equipment and the necessity of handling more boys than could properly be taken care of.

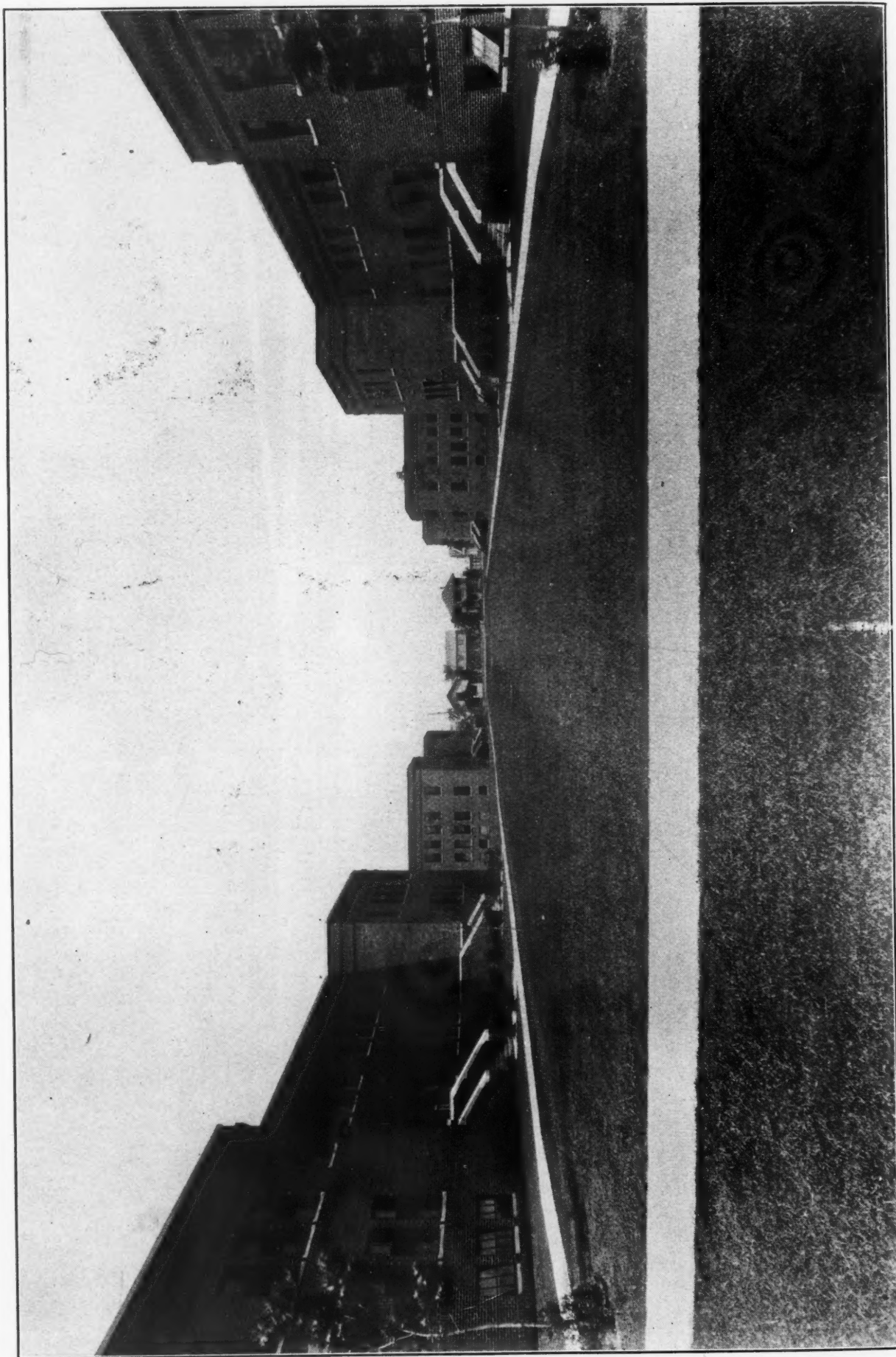
About the time of the present administration and under the supervision of Major Robert E. Marsh, a cottage system for caring for the boys was established and the inmates were grouped in cottages according



Boys' Living Room—Industrial School



Gymnasium and Field House—Industrial School



Front view of four new double cottages—Industrial School

to age. These cottage groups were placed in charge of a man and his wife who supervised the boys at all times when they were in the cottages. The old fire-trap buildings were torn down and eight new fire-proof buildings were erected to house the boys. These buildings were strictly modern in every sense. The most up-to-date sanitary and heating features were employed and each cottage has beside the dormitory and basement, a reading room, dining room, kitchen or pantry along with suitable living quarters for the officers in charge. Each cottage houses 30 boys. Clothing and shoes of a more desirable kind have been furnished the boys and night shirts and tooth brushes, hitherto unknown, were introduced.

Suitable playground equipment has been provided for outdoor work and recreation and baseball diamonds and football field have added much to the efficiency of that phase of the training. The physical training department is equal to any of its size in the state and with the completion of the new Field House, no school can compare. The men in charge are college graduates and splendid coaches and as a result of their influence, it can well be said of our various athletic teams that the boys who play on them act at all times in a gentlemanly manner and are good sportsmen.

The boys obtain their places on the teams through their scholarship, general attitude and progressiveness.

The new Field House contains a swimming pool, exercise rooms, cinder track and sufficient space for field work.

Two industrial buildings have been erected and equipped with such modern machinery as is necessary for the satisfactory instruction in the various trades offered the boys. In the Trade School department the following electives or placements are offered:—Machine Shop, Manual Arts, Printing, Electricity, Radio Laboratory, Shoe Shop, Barbering and Tailoring. Credits are offered in the Academic department for the total number of hours work done in any of these lines. A credit is also offered in agriculture and it is thought that the amount of practical work done by the boys in that line on the thousand acre farm is something to be envied by the average student taking that course in the public schools of the state. Being a trade school, the scope of subjects offered is greater than in any public school. Besides those afore mentioned, the following are given with credit: Auto Mechanics, Greenhouse Management, Cooking and Baking. The boys who graduate from the two latter courses command good wages as

chefs and bakers and there are plenty of openings for them at all times.

Our machine shop has bench room for 50 boys. It is equipped with sufficient tools for that many machinists and has the following power machines: Ten lathes, one milling machine, three drill presses, two bench drill presses, one arbor press, one shaper, one grinder, one electric furnace and one power hacksaw.

The manual arts shop accommodates the same number of boys and its equipment is standard. The boys in these two shops do most of the repair work needed in maintaining the school.

A monthly magazine "The Vocational Enterprise" is published by the boys in the Print Shop and aside from this project most of the printing necessary for the clerical work in the various state institutions is done. This necessitates learning the art of composition as well as the operation of the Intertype and Linotype machines.

Five-tube radio sets were assembled by the boys in the radio laboratory for each cottage in the institution and for the cottages at Lapeer and Coldwater as well.

A four-chair barber shop is maintained and student barbers do all the tonsorial work for the 500 boys living here.

An equipment approximating some \$13,000.00 has been installed in the new laundry. This is all electrically operated and is capable of turning out about 15,000 pieces a day. Darning machines, sewing machines and electric presses are used in connection with the laundry.

The institution hospital is located in a building by itself and has a 50-bed capacity. A resident physician is in charge at all times and is assisted by three graduate nurses. A housekeeper, an orderly, and a night watch are the corp employed there. A complete operating room for major as well as minor operations is in this building and the dental equipment compares favorably. Sick call is answered once a day and emergency calls are attended to throughout the day.

The educational department has been reorganized and the following curriculum relative to the elementary and Junior High School work, which was recognized by the State Department of Public Instruction, was put into effect.

Twelve properly qualified teachers are employed for the academic work, who have had wide experience in their professional line. The Course of study laid down by the State Department is followed and in addition to the regular grades, two special rooms are maintained to care for the backward and delinquent boys. One of these corresponds

to an Opportunity Room where students from the Junior High grades may receive additional help in any subject in which they may find themselves behind.

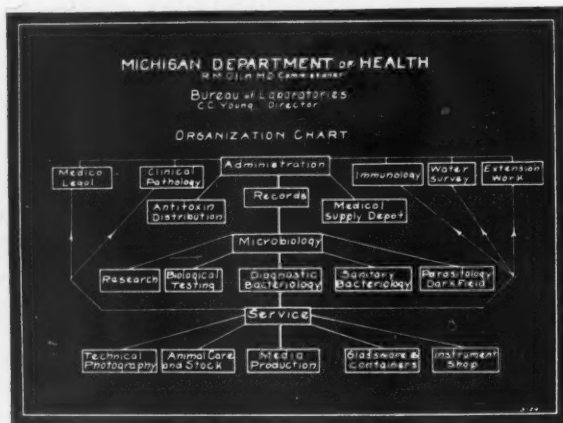
The Library is connected with the school department and consists of some 3,000 volumes. Approximately 2,500 volumes of this are boys fiction and the balance consists of up-to-date reference works. Under the present rigime 200 books are purchased each year.

THE MICHIGAN DEPARTMENT OF HEALTH LABORATORIES

At their fall meeting in Lansing, the physicians of the state are cordially invited to visit the Michigan Department of Health laboratories. Those who have not had the opportunity already should find it of unusual interest to see how the specimens they send in are handled—the method of entry, the technical procedure of examination for the various diagnosis, and the system of checking, recording and reporting the laboratory findings.

ORGANIZATION OF LABORATORIES

The Michigan Department of Health laboratories, comprise: 1, the central laboratories at Lansing; 2, an extension lab-



Laboratory Organization Chart

oratory at Houghton; 3, biologic laboratories at the Michigan Department of Health Farm a few miles outside of Lansing, and 4, the Western Michigan Division, to be opened in Grand Rapids in the fall for the use of the physicians of the western part of the state.

The work done in the various laboratories includes the strictly diagnostic examinations; production, testing and distribution of biologic products; medico-legal examinations; and technical supervision, through the Medical Supply Depot, of furnishing medical, surgical, hospital and laboratory supplies to the various state institutions.

It is the diagnostic and biologic divisions which are closest to the interest of the practicing physician.

GENERAL DIAGNOSTIC SERVICE

All specimens from the physicians of the Northern peninsula are handled through the extension laboratory at Houghton. The re-



Lobby, with Information Desk

mainder of the state is served through the Lansing laboratory.

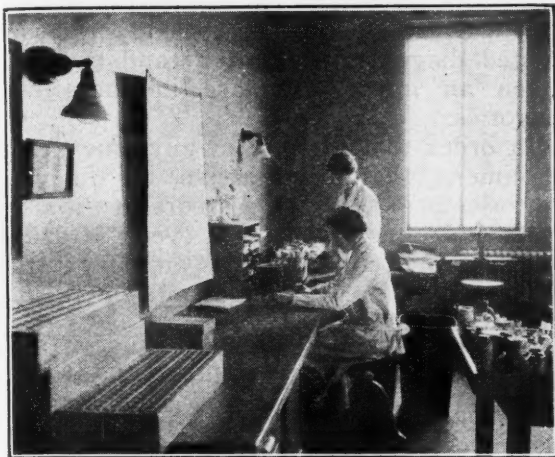
The number of specimens for laboratory diagnosis received in any one day's mails in the Lansing laboratory is approximately 500. These specimens are delivered to the mail entry room which is then locked to avoid any interruptions while the specimens are opened, classified and entered. Each specimen blank is stamped with the date and time the specimen was received and a record made on the entry sheet for that particular type of examination under the physicians name. These entry sheets are used in checking out all specimens when reported so that no specimen can be lost in the laboratory.

When the specimens are classified and



Director's Office

entered, they are delivered to the laboratories making the particular examinations indicated. The specimens of blood and spinal fluid for the serologic diagnosis of syphilis are delivered to the Serology laboratory; throat swabs for diphtheria and other throat infections and specimens of blood and feces for the diagnosis of typhoid

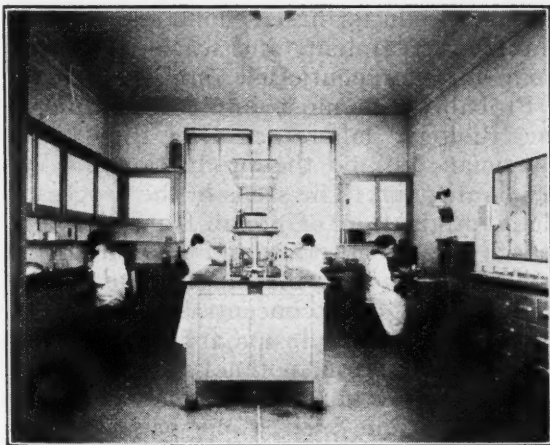


Mail Entry Room

fever and other intestinal infections are delivered to one of the Bacteriology laboratories; slides for the diagnosis of gonorrhea, sputum for tuberculosis and transudates and exudates for miscellaneous bacteriologic examinations are delivered to another Bacteriology; milk and water for bacteriologic examination to the water and milk laboratory; specimens of blood, spinal fluid and urine for physiologic chemistry and hematologic specimens, to the Clinical Pathology laboratory. Specimens of tissue for pathologic examination are sent to the consulting pathologist, Dr. James Davis, Detroit College of Medicine.

LABORATORY PROCEDURE

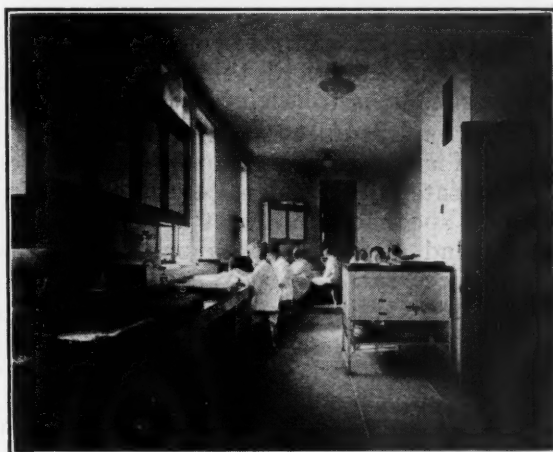
The number of steps in the procedure and the time required for a laboratory diagnosis



One of the Bacteriology Laboratories

vary with the type of examination. In the Serology laboratory, blood specimens are received from the mail entry room at about 9:00 and 11:00 a. m. They are placed in racks and numbered to correspond with the numbers on the accompanying blanks and centrifuged to obtain the clear serum for examination. The clear serums are heated at 56°C for 30 minutes when they are ready to be tested by the Kahn precipitation test. Each serum is mixed with a specially prepared dilution of standard Kahn antigen, shaken for three minutes and then examined for the presence of a precipitate. If a precipitate is found, the result is positive and the reading is made on the basis of +, ++, +++, +++++ according to the completeness of precipitation. The Kahn tests are reported out the same day the tests are performed.

In the Bacteriology laboratories throat swabs are delivered whenever received. From each swab for diagnosis, a stained preparation is made, examined immediately and wired, if positive for diphtheria. Loeffler's and blood plate media are inoculated over night and the stained preparations from these cultures reported the next morning by about 9:00 a. m. Swabs for diphtheria re-



Serology Laboratory

lease or carrier stage are cultured on Foeffler's medium only and positive cultures are inoculated into guinea pigs for virulence test when indicated.

A positive typhoid blood culture may be obtained after 24 hours' incubation, but it is not reported negative until after 72 hours. Feces for typhoid examination are cultured on differential plate media for bacteria of the typhoid and dysentery groups. The next day, suspicious colonies of bacteria are picked and transferred to special sugar media. The following day, any culture giving a reaction typical of *B. typhosus* or of the dysentery group is tested with its spe-

cific agglutinating serum and if the organisms are agglutinated, a positive finding is reported.

Slides to be examined for gonococci received before noon are stained by Gram's method, examined and reported the day after receipt.



A Corner of the Refrigerator Room for Media Storage

Sputum specimens from cases of suspected tuberculosis are prepared for examination by sterilization and sedimentation in order to concentrate the organisms present. Stained preparations are made by Ziehl-Neelson's method and they are examined and reported the following morning.

The time required and the necessary technic for the examination of transudates and exudates depends entirely upon the individual specimen. When it is necessary to isolate and classify certain organisms, the time is necessarily greater.

For the examination of a specimen from a water supply suspected of contamination, 48 hours is required. A bacteriologic examination of milk is made within 48 hours.

Most examinations in the division of



Clinical Pathology Laboratory

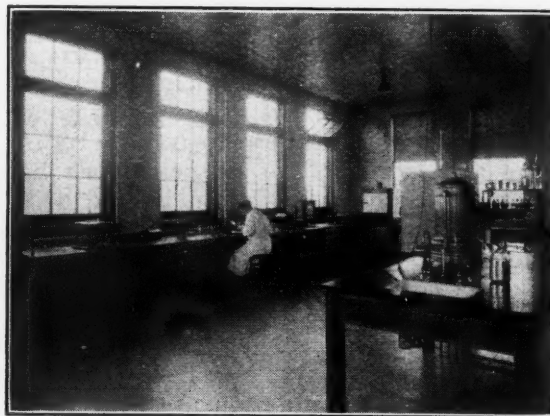
Clinical Pathology are reported the same day that the specimens are received.

Every effort is made to give the physician a correct laboratory diagnosis in the minimum of time compatible with accuracy. Suitable media for the culture and differential classification of organisms, proper care of animals for inoculation, preparation of glassware for use in the various divisions—all these are essential to the properly conducted diagnostic laboratory and they are given an important place in these laboratories.

In order to take care of any emergency specimens that may arrive in the laboratories at odd hours, a laboratory worker is on duty a certain part of every Saturday afternoon and all specimens arriving in the Sunday mail are classified and emergency examinations are made.

THE BIOLOGIC LABORATORIES

In the Biologic laboratories at the Department of Health farm are prepared and



Extension Laboratory at Houghton

tested the biologic products for free distribution—diphtheria antitoxin, toxin-antitoxin, Schick test material, typhoid vaccine, nitrate in ampules, Dick test material, scarlet fever toxin for first, second and third immunizing treatments and scarlet fever antitoxin for therapeutic use only.

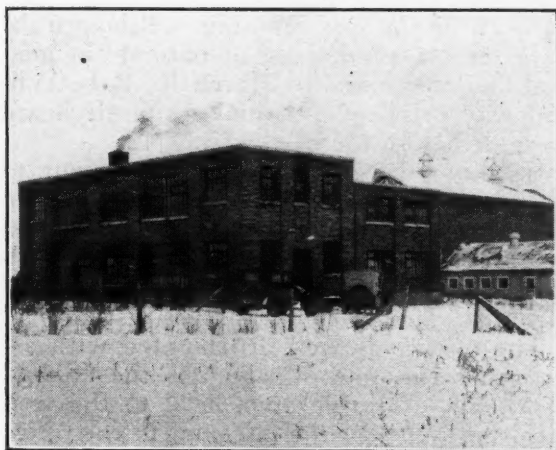
Probably the most interesting thing in the Biologic laboratories to the visiting physician will be the production of diphtheria antitoxin. The steps in the process include production of toxin from the diphtheria bacilli; a series of injections of the toxin into a horse; bleeding of the immunized horse; ageing, concentration and refinement of the blood plasma and testing of the final product for potency, sterility and safety. While all of these steps cannot be observed in one visit, some particular one can be seen and an idea obtained of what the process involves.

Physicians are undoubtedly aware of the fact that the Michigan Department of Health has been distributing diphtheria toxin-antitoxin made in its own laboratories for two years and diphtheria antitoxin of its own production since June, 1926.

In addition to the biologic products which are produced in the Department of Health laboratories and distributed free, a supply of certain other products are kept in stock and sent upon request at cost plus 10 per cent.

SCIENTIFIC PERSONNEL

Perhaps the most important part of the administration of the laboratory service is the selection of the personnel. For the scientific work only university graduates with special training are employed. Members of the present staff were trained in a varied list of institutions which include Yale, Johns Hopkins, Harvard, University of Michigan, Michigan State College, Law-



Biologic Laboratories

rence College, University of Wisconsin, Simmons College, Cornell University, Columbia University, University of Kansas, University of Vienna, University of California, University of Illinois, University of Chicago, Smith College, Lehigh University, Syracuse University and Northwestern University.

Since scientific advances are made constantly in laboratory diagnostic methods, each senior worker is expected to keep abreast with the literature, especially that which concerns his own field. For this purpose, the leading scientific journals are available in the library of the Michigan Department of Health. To correlate the research investigations carried out by workers throughout the world, scientific conferences of the director and personnel are held from time to time. To what extent scientific research within the laboratories is encouraged

is indicated by over 50 scientific contributions from the staff since 1922.

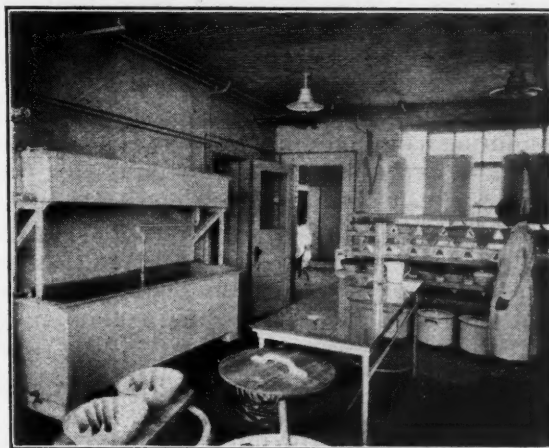
WESTERN MICHIGAN DIVISION

With the regularly increasing number of specimens from every part of the state there has been an increasing congestion of routine



Horse Barn at the Farm

diagnostic work at the Lansing laboratories. This will be partially relieved by the extension laboratory at Grand Rapids, where specimens from the western division of the state will be examined. Not only will this extension laboratory lighten the load at the Lansing laboratories, but it will make possible a quicker service in that section of the state. As soon as it is definitely known when the laboratory in Grand Rapids will be in operation, the physicians will be notified by letter and properly directed containers will be sent them.



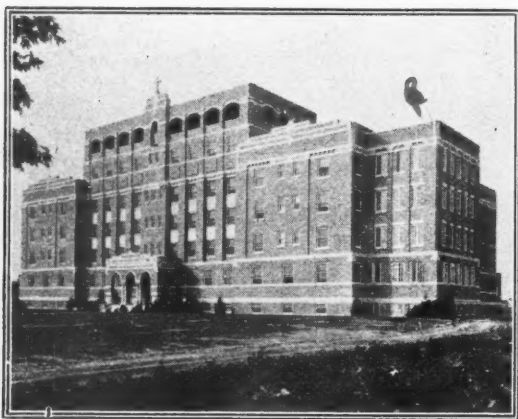
Diphtheria Antitoxin Concentration Laboratory

ST. LAWRENCE HOSPITAL—MEMBER OF THE
CATHOLIC HOSPITAL ASSOCIATION OF
UNITED STATES AND CANADA

St. Lawrence Hospital was first conceived in the mind of the late and regretted Lawrence Price, who had secured the con-

sent of the Sisters to establish, sooner or later, a hospital in the city of his choice.

The organization of St. Lawrence Hospital dates its beginning to 1920, when, on the invitation of Reverend John O'Rafferty and with the assistance of Mr. Edward Ver Linden, the Sisters of Mercy took up temporary quarters in this city, at a former Sanitarium at the foot of Washington Ave., on N. Willow St.



St. Laurence Hospital

With a capacity of 28 beds, this Institution opened its doors to Influenza patients, while the epidemic was at its height. The first 11 patients were admitted on Feb. 2, 10 more were admitted on the 3rd, and eight on the 4th. For weeks, the hospital registered none but influenza and pneumonia sufferers. Finally, the entire building was prepared to receive surgical and obstetrical patients, as well as medical.

Gratifying it is to note that the citizens of Lansing at large have ever been appreciative of the efforts of the Sisters in behalf of their sick. In February 1920, the City Council, in behalf of its own honorable body, and in behalf of Lansing, passed a special resolution commending St. Lawrence Hospital and expressing its appreciation for the care of the sick in the recent epidemic.

Patronage seemed ever on the increase. At times, the greatest ingenuity had to be exercised in order to accommodate a greater number of applicants; still the demands for larger quarters were imperative. But one conclusion could be reached—the erection of a new building.

In 1922, through the influence and capable leadership of Edmund C. Shields, attorney, a campaign for funds was propitiously inaugurated. His Excellency, Governor Groesbeck, endorsed the movement; leading citizens seconded the plans of the magnetic leader, and one and all heartily co-operated, until the magnificent sum of \$207,000.00 was subscribed.

With a deep sense of gratitude, the Sisters of Mercy at once put their shoulder to the task of providing a 100-bed hospital, fully equipped, and absolutely modern. The plan designed by a Lansing architect, S. D. Butterworth, was accepted, and bids were let, resulting in the assigning the general contract to Reniger Construction Company of Lansing. Plumbing, to Wheeler Bloney Company, Kalamazoo, Mich., and Electrical contract to the Barker Lowen Electric Company of Lansing.

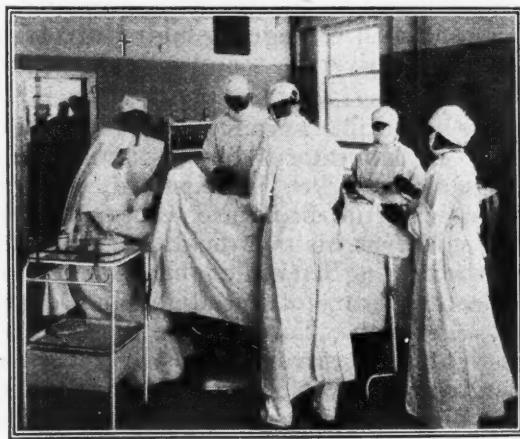
The corner-stone of the new St. Lawrence was laid with appropriate ceremonies on April 15, 1923, on the site graciously donated by Mr. and Mrs. Joseph Gleason. This site, with a frontage of 16 rods, occupies about four acres of land on Saginaw St., in the vicinity of Westmoreland, and extends to Oakland St.

The patients treated in the old building from Feb. 2, 1920 to March 10, 1924 numbered 4,047. The democratic name of "Wilson" heads the list of the boys who first saw the light in the new building. Although the date set for admittance of patients in general had been fixed to March 10, Babe Wilson was privileged to make himself heard an hour before the clock struck 12.

St. Lawrence Hospital, a monument to the generosity of the Lansing people, is an imposing, fireproof structure, five stories in height, exclusive of the covered roof garden and basement. The exterior walls are of "Irontex" face bricks, trimmed in stone.

The portico is well ornamented with artistic designs, one of which is the "Shield of Mercy." Marble steps lead to the well furnished lobby on the left, and to the office on the right.

The first floor contains administration offices, the Sisters' quarters, the chapel, the medical library, the pharmacy, the laboratory, the X-Ray department, the Chaplain's and the Internes' suites.



St. Laurence Hospital Operating Room

The basement is utilized for the culinary department and dining rooms wholly inviting. Here is the wide, light kitchen with tile floor and a score of appurtenances. Special rooms are in use for the preparation of vegetables and for the pastry. The store rooms adjoin the kitchen and so does the refrigerator with several available compartments. An electric dumbwaiter connects the kitchen with the tray rooms on the different floors.

A tunnel leads from the basement to a

can be had by an easy stairway in the middle of the corridor, or by a Push Button Passenger Elevator. Each corridor leads to a sun parlor, where, as in many rooms, there is evidence of well-selected gifts, and liberal generosity.

The second, third, and fourth floors, are devoted to patients. Chosen sections are partitioned off and used for specialties, such as the Nursery, the Maternity Department, the Children's wards, the operating rooms, the White Line Sterilizing plants, etc.



The Hotel Olds—Lansing's new two million dollar hotel

separate building: that of the heating plant, the refrigerating system, the water softener and the laundry. Heat is obtained from oil. Two 95 H. P. Water Tube Boilers are available, equipped with improved Turbine oil burners. Here, the Kohler system is installed to provide light and power as an emergency, should the city lines fail for an instant.

The floors, excepting that of the operating rooms and service rooms, are of cork, affording quietness and easy velvety tread. Another detail to insure quiet, is that of the rubber roller replacing the usual brass door latch.

The Holtzer-Cabot call system signals the nurses. Night lamps are specially designed for the convenience of the nurse and the comfort of the patient. Access to the floors

The Chapel of our Lady of Mercy and the St. Lawrence Hospital were solemnly dedicated by Rt. Rev. Michael James Gallagher, D.D., on April 1, 1924, amidst a great concourse of people.

With all facilities afforded, it was meet to organize the Staff and fulfill all requirements of the American College of Surgeons. The first general meeting was held on June 10, 1924, at which 37 physicians were present. The Executive Committee was made to consist of the following:

Chief of Staff,
Dr. B. M. Davey.
Vice-Chief,
Dr. W. E. McNamara
Head of Medical Department,
Dr. D. A. Galbraith
Head of Obstetrical Department,
Dr. F. J. Drolett

Head of Pediatrics Department
Dr. L. C. Towne
Head of Eye, Ear, Nose and Throat Department,
Dr. A. E. Owen
Head of Urology Department,
Dr. F. J. Cushman
Head of Surgery,
Dr. E. I. Carr

The following month, Dr. L. A. Ludlum was secured to take charge of the clinical laboratory, and accepted as house physician for a 12-month period. March 1, 1925, Dr. C. F. Davenport was given charge of the X-Ray department. The hospital being now approved for the service of interns, a student from the University of Michigan was the first one accepted for the term 1925-1926.

In the course of the first year's regular operation of the organized staff, a representative of the American College of Surgeons made an official visit to St. Lawrence Hospital, eliciting the following report from Dr. M. T. MacEachern, director of hospital activities:

"Your Institution, with its advantages, should be able to fulfill in every degree, all the functions required of a hospital in the present day, not only in the right care of the patient, but carrying on of teaching, training, and educational work, the promoting of scientific medicine, and contributing information for hospital development generally."

St. Lawrence Hospital School of Nursing,

attached to the Hospital, was organized in August, 1920. It is accredited by the State Board of Registration of Nurses and Trained Attendants, and is subject to that body in matters of instruction and admission requirements. All graduate nurses take the State Board examination and become Registered Nurses.

MICHIGAN SCHOOL FOR THE BLIND— LANSING

The Michigan School for the Blind was located on its present site in 1881. The grounds comprise 45 acres of which a little over 20 acres is campus proper with beautiful trees, good walks and drives and well drained, a splendidly located school.

The school is a public school and offers beside the common and high school departments splendid opportunities for boys and girls whose vision is defective to obtain not only stimulating but an especially helpful training. The high school course is so fairly the equivalent of the high school course provided in any city of the state that the graduates are accepted in any of the colleges of the state as well as the university. Six of the graduates of last year entered the freshman class at the Michigan State College in September and are doing extremely good work.

The courses offered other than the literary course are music both vocal and instru-



Michigan School for the Blind

mental, piano tuning and repairing, broom making, manual training, art fibre furniture and brush making, cooking and sewing, chair and furniture repairing, shoe cobbling and a complete course in typewriting and dictaphone work.

The opportunities of the school are free to any boy or girl who is blind or whose vision is so defective as to make it impossible for them to be trained in the ordinary public schools of the state. No expense is attached other than for clothing and transportation and in case of indigent students the state takes care of this also. There is a compulsory education law in Michigan requiring blind or partial sighted children to

attend school, but scattered over out-of-the-way places are many children who should be here. Any citizen knowing of such a child can do a real public service and help one who needs a helping hand if he will notify the school of any such children in his locality who are not receiving the proper education.

The purpose of the school is to make helpful, efficient and respectable citizens out of boys and girls who are so handicapped. The state has been very generous in its appropriations and extremely sympathetic and helpful in its efforts to alleviate the situation in which these young people find themselves because of their defective vision.

Preliminary Announcement Program, 106th (61) Annual Meeting of the Michigan State Medical Society, Lansing, Michigan, Sept. 14-15-16, 1926

OFFICIAL CALL

The Michigan State Medical Society will convene in its annual session in Lansing, Sept. 14, 15, 16, 1926. The order of business as provided by the Constitution and By-Laws, and the official program will be observed.

C. G. Darling, President.

J. B. Jackson, Council Chairman.

Attest: F. C. Warnshuis, Secretary.

CONDENSED SCHEDULE OF MEETINGS

September 14th.

9:00 a. m.—Council Meeting.
10:30 a. m.—House of Delegates.
12:00 m. —Council Meeting.
2:00 p. m.—House of Delegates.
6:00 p. m.—Council Meeting.
7:15 p. m.—House of Delegates.

September 15th.

9:00 a. m.—Combined Section Meetings.
1:15 p. m.—Combined Section Meetings.
4:00 p. m.—General Meeting at State College, East Lansing.
6:00 p. m.—Dinner and Entertainment at State College.
8:15 p. m.—General Session.

September 16th.

9:00 a. m.—Sectional Meetings.
12:00 m. —General Session.
1:15 p. m.—Section Meetings.
4:15 p. m.—Adjournment.

MEETING PLACES: Old's Hotel and
Elks Temple.

HOUSE OF DELEGATES

J. E. King, Detroit, Speaker.

J. G. R. Manwaring, Flint, Vice-Speaker.

F. C. Warnshuis, Grand Rapids, Secretary.

FIRST SESSION

September 14th, 10:30 A. M.

1. Call to Order.
2. Report of Credentials Committee.
3. Roll Call.
4. Speaker's Address.
5. President's Address.
6. Report of Council.
7. Appointment of Reference Committees.
8. Election of Nominating Committee of Five.
"No Two Members Shall Be from the Same Councilor District." The Duties of the Nominating Committee Are:
 - (a) Supervise the Ballot for President.
 - (b) Nominate.
 1. Four Vice-Presidents.
 2. Place of Next Annual Meeting.
 3. Three Delegates and Alternates to A. M. A.
9. Reports of Standing Committees.
 - (a) Public Health.
 - (b) Legislation and Public Policy.
 - (c) Tuberculosis.
 - (d) Venereal Prophylaxis.
 - (e) Medical Education.
 - (f) Civic and Industrial Relations.
 - (g) Nursing Education.
 - (h) Standardization of Insurance Blanks.
 - (i) Delegates to A. M. A.
10. Unfinished Business.
Amendments to Constitution Lying Over Under the Rules.
11. Resolutions and New Business.
12. Recess.

SECOND SESSION

2:00 P. M.

1. Call to Order.
2. Reports of Reference Committees.
3. Unfinished Business.
4. New Business.
5. Recess.

THIRD SESSION

7:15 P. M.

1. Call to Order.
2. Reports of Reference Committees.
3. Report of Nominating Committees.
4. Election.
 - (a) Four-Vice Presidents.
 - (b) Councilors, 4th, 5th and 6th Districts.
 - (c) Delegates and Alternates to A. M. A.
 - (d) Place of Next Annual Meeting.

NOTE—Councilors are nominated by the delegates from societies comprising Council Districts for which Councilors are to be elected. By our By-Law provision the Secretary will call a caucus of the delegates of Councilor Districts concerned.

5. Unfinished Business.
6. Adjournment.

**DELEGATES AND ALTERNATE
DELEGATES
HOUSE OF DELEGATES**

NOTE:—Delegates in Boldface type.
Alternates in Lightface type.

ALPENA COUNTY

F. J. O'Donnell
C. M. Williams
S. T. Bell

**ANTRIM-CHARLEVOIX-EMMETT-
CHEBOYGAN**

F. C. Mayne
B. H. Van Leuven

BARRY COUNTY

B. C. Swift
E. T. Morris

BAY COUNTY

Mary Williams
C. A. Stewart

BERRIEN COUNTY

Robert Henderson
R. H. Snowden

BRANCH COUNTY

F. W. Stewart
S. Schultz

CALHOUN COUNTY

C. S. Gorsline
G. C. Hafford
A. F. Kingsley
W. L. Godfrey

CASS COUNTY

W. C. McCutcheon
G. W. Green

CHIPPEWA-LUCE-MACKINAC

E. H. Webster
Geo. J. Dickison

CLINTON COUNTY

A. O. Hart
F. E. Luton

DELTA COUNTY

J. W. Towey
A. H. Miller

DICKINSON-IRON**EATON COUNTY**

Phil Quick
H. J. Prall

GENESEE COUNTY

Hugh Stewart
Henry Cook
Carl Moll
M. S. Knapp
John Benson
J. G. R. Manwaring

GOGEBIC COUNTY**GRAND TRAVERSE-LEELANAU**

G. A. Holliday
E. F. Sladek

HILLSDALE COUNTY

C. T. Bower

HOUGHTON-BARAGE-KEWEENAW

I. D. Stern
Simon Levin

HURON COUNTY**INGHAM COUNTY**

Sam Osborn
Fred Huntley
W. G. Wight
O. H. Bruegel

IONIA-MONTCALM

F. A. Johnson
I. S. Lilly

GRATIOT-ISABELLA-CLARE

C. A. Pullen
C. F. DuBois

JACKSON COUNTY

G. C. Hicks
H. L. Hurley
C. S. Clark

KALAMAZOO-VAN BUREN-ALLEGAN

L. J. Crum
W. E. Collins
A. E. West
W. R. Vaughn

KENT COUNTY

A. V. Wenger
G. H. Southwick
J. D. Brook
H. J. Pyle
E. W. Schnoor
W. E. Wilson
J. S. Brotherhood
R. H. Spencer

LAPEER COUNTY

P. E. Martin
H. B. Zemmer

LENAWEE COUNTY

A. B. Hewes
A. W. Chase
R. G. B. Marsh

MACOMB COUNTY

Charles E. Greene
James E. Curlett

MANISTEE COUNTY

H. D. Robinson

MARQUETTE-ALGER

A. W. Hornbogen
H. H. Loveland

MASON COUNTY**MECOSTA COUNTY**

O. J. East
J. Gillett

MENOMINEE COUNTY

W. S. Jones
S. C. Mason

MIDLAND COUNTY

George Orth
E. J. Dougher

MONROE COUNTY

A. W. Karch
W. F. Acker

MUSKEGON COUNTY

Frank W. Garber, Sr.
E. L. Kniskern

NEWAYGO COUNTY

J. C. Branch
C. A. Mateer

OAKLAND COUNTY

Nathan B. Colvin
Frank Mercer
B. M. Mitchell

OCEANA COUNTY

J. H. Nicholson
A. R. Hayton

**OTSEGO-MONTMORENCY-CRAWFORD-
OSCODA-ROSCOMMON-OGEMAW**

Frank E. Abbott
C. R. Keyport

ONTONAGON COUNTY

E. J. Evans
W. B. Hanna

OSCEOLA-LAKE**OTTAWA COUNTY**

R. H. Nichols
H. J. Cherry

SAGINAW COUNTY

D. E. Bagshaw
A. E. Leitch

SANILAC COUNTY

John E. Campbell
G. S. Tweedie

SCHOOLCRAFT COUNTY**SHIAWASSEE COUNTY**

J. J. Haviland
W. E. Ward

ST. CLAIR COUNTY

C. C. Clancy
A. L. Callery

ST. JOSEPH COUNTY**WEXFORD-KALKASKA-MISSAUKEE**

S. C. Moore
W. J. Smith

TUSCOLA COUNTY**WASHTENAW COUNTY**

Theron S. Langford
James D. Bruce
S. G. Bush
George F. Muehlig

WAYNE COUNTY

The following men have been elected as delegates and alternates respectively:

Baumgarten, E. C.
Bell, John N.
Biddle, Andrew P.
Carstens, H. R.
Cassidy, Wm. J.
Chester, John L.
Clark, R. L.
Cole, F. H.
Dempster, J. H.
Dibble, Harry F.
Dutchess, Chas. E.
Gardner, H. B.
Henderson, L. T.
Hewitt, H. W.
Hirschman, L. J.
Kelly, Frank A.
Kimzey, J. Albert
Loucks, R. E.
McGarvah, J. A.
McKean, Richard M.
McLean, Angus
Stapleton, Wm. J.
Walker, Roger V.
Wilson, Walter J.
Yates, H. W.
Baker, Geo. J.
Bookmyer, R. H.
Brooks, C. D.
Catherwood, A. E.
Chene, Geo. C.
Clinton, Wm. R.
Diebel, Wm. H.
Donald, Douglas
Hamilton, Wm.
Healy, G. H.
Kennedy, Chas. S.
Kenning, J. C.
Kersten, Werner.
Ledwidge, P. L.
Mills, E. P.
Richey, E. B.
Royce, F. D.
Seeley, Ward F.
Shawan, H. K.
Smith, Roy
Stone, D. D.
Wendt, L. F. C.
Whittaker, A. H.
Wilson, Gerald
Woodworth, Wm.

FIRST GENERAL SESSION

September 15th, 8:15 P. M.

1. Call to Order—President Darling.
2. Invocation.
3. Address of Welcome—President Ingham County Society.
4. Announcements—The Secretary.
5. President's Annual Address—C. G. Darling, Ann Arbor.
6. Address—Invited Guest.
7. Nominations for President.
8. Adjournment.

SECOND GENERAL SESSION

September 16th, 12 M.

1. Call to Order.
2. Announcement of Ballot for President.
3. Introduction of New President.
4. Adjournment.

The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

PUBLICATION COMMITTEE

R. C. Stone, Chairman.....Battle Creek
A. J. Mac Kenzie.....Port Huron
J. D. Bruce.....Ann Arbor

Editor and Business Manager

FREDERICK C. WARNSHUIS, M. D., D. Sc., F. A. C. S.
Grand Rapids, Michigan

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The Society does not hold itself responsible for opinions expressed in original papers, discussions, communications, or advertisements.

Subscription Price—\$5 per year, in advance

AUGUST, 1926

Report Malpractice Threats Immediately to Doctor F. B. Tibbals, 1212 Kresge Building, Detroit, Michigan.

Editorials

ANNUAL MEETING

This is the Lansing number of the Journal imparting facts and interesting information relative to our Capitol City where our Annual Meeting is to be held on September 14, 15 and 16th.

The completed program will appear in the September Journal enlarging upon the following details:

September 14th:

House of Delegates—10:00 a. m., 2:00 p. m., 4:00 p. m. and 7:00 p. m.

September 15th:

Combined Section Meetings—9:00 a. m. and 1 p. m.
Michigan State College, 4:00 p. m.
General Session, 8:00 p. m.

September 16th:

Section Meetings morning and afternoon.

Headquarters will be at the new Hotel Olds. We urge that you write for reservations now.

The profession of Lansing will entertain you interestingly at the Michigan State Col-

lege. Mark the dates, make your reservations and plan to be in attendance.

HONORARY MEMBERS

From time to time members have been raised to Honorary membership by reason of years of service in the profession, or, discontinuance of practice. To become an honorary member, a member must have been in practice for 25 years, maintained a continuous membership affiliation, be elected an honorary member of his County Society, and nominated to the Council and House of Delegates by the Councilor.

The following constitute our roster of honorary members:

July 15, 1926.

MICHIGAN STATE MEDICAL SOCIETY

Name	City	County	Elected
Blake, William	Lapeer	Lapeer	1916
Boise, Eugene	Grand Rapids	Kent	1920
Bonning, Carl	Detroit	Wayne	1914
Burr, C. B.	Flint	Genesee	1925
Fuller, William	Grand Rapids	Kent	1920
Jones, G. W.	Imlay City	Lapeer	1916
Landon, H. B.	Monroe	Monroe	1911

(Elected from Bay County)

Munson, J. D.	Traverse City	G. Trav.-Leela.	1920
Turner, F. N.	Lansing	Ingham	1920
Vander Laan, John	Muskegon	Muskegon	1925
Vander Veen, Arend	Ghand Haven	Ottawa	1925

HISTORY OF THE KALAMAZOO ACADEMY OF MEDICINE

On the twenty-seventh day of November 1883 the following Article of Agreement of the Kalamazoo Academy of Medicine were signed by the charter members;

"We, the undersigned, H. H. Schaberg, W. Mottram, Foster Pratt, Adolph Hochstein, J. M. Snook, H. B. Osborne, O. B. Ranney, H. U. Upjohn, H. B. Hemmenway, H. O. Hitchcock, W. B. Southard, W. T. Stilwell, I. W. Fiske, E. C. Southard, and W. L. Worchester of the town of Kalamazoo; C. H. McKain of the village of Vicksburg, E. C. Adams of the village of Alamo, O. F. Burroughs of the village of Galesburg, O. F. Seeley of the village of Climax, and J. M. Rankin of the village of Richland, all of the County of Kalamazoo and State of Michigan, do this day in accordance with chapter one hundred twelve (112) of the compiled laws of 1877 of the State of Michigan, hereby agree to associate ourselves for the period of 30 years into a society for the literary and scientific improvement in the medical profession; said society to be known as the "Kalamazoo Academy of Medicine," whose office for business shall be in the City of Kalamazoo and the State of Michigan.

Given this twenty-seventh day of November in the year 1883, in Kalamazoo, County of Kalamazoo and State of Michigan.

(Signed),

H. H. Schaberg, E. C. Adams, H. O. Hitchcock, Foster Pratt, W. B. Southard, W. Mottram, Adolph Hochstein, O. F. Seeley, W. F. Stilwell, I. W. Fiske, H. U. Upjohn, J. M. Snook, E. C. Southard, O. B. Ranney, J. M. Rankin, H. B. Osborne, C. H. McKain, W. L. Worchester, O. F. Burroughs, H. B. Hemmenway.

Acknowledged before Oscar F. Coleman, Notary Public.

Filed with County Clerk, Kalamazoo County, December 29, 1883.

Filed in the office of the Secretary of the State of Michigan January 9, 1884.

Prior to its incorporation as the Kalamazoo Academy of Medicine our society was known as the Kalamazoo Medical and Surgical Association. It would seem to be a matter of interest, not only, but also of value, to enumerate the physicians who served as president of this Society and of the Kalamazoo Academy of Medicine down to the present.

They are as follows:

Dr. H. O. Hitchcock.....	1878
Dr. Dunning.....	1879
Dr. Grant.....	1880
Dr. C. Van Antwerp.....	1881
Dr. Chase.....	1882
Dr. Knowles.....	1883
Dr. Andrews.....	1884
Dr. H. O. Hitchcock.....	1885
Dr. I. W. Fiske.....	1886
Dr. W. Mottram.....	1887
Dr. H. B. Osborne.....	1888
Dr. J. M. Snook.....	1889
Dr. G. D. Carnes.....	1890
Dr. A. Hochstein.....	1891
Dr. W. P. Southard.....	1892
Dr. L. Simpson.....	1893
Dr. Foster Pratt.....	1894
Dr. O. A. LaCrone.....	1895
Dr. D. S. Belknap.....	1896
Dr. J. W. Elliot.....	1897
Dr. W. M. Edwards.....	1898
Dr. C. Van Zwaluwenburg.....	1899
Dr. O. F. Seeley.....	1900
Dr. H. H. Schaberg.....	1901
Dr. C. H. McKain.....	1902
Dr. Herman Ostrander.....	1903
Dr. L. G. Rhodes.....	1904
Dr. J. W. Bosman.....	1905
Dr. A. H. Rockwell.....	1906
Dr. William Stone.....	1907
Dr. A. W. Crane.....	1908
Dr. R. E. Balch.....	1909
Dr. G. F. Inch.....	1910
Dr. J. H. Crosby.....	1911
Dr. O. H. Clark.....	1912
Dr. C. E. Boys.....	1913
Dr. J. E. Maxwell.....	1914
Dr. Frederick Shillito.....	1915
Dr. A. L. Robinson.....	1916
Dr. C. B. Fulkerson.....	1917
Dr. J. B. Jackson.....	1918
Dr. Frank C. Penoyar.....	1919
Dr. Walter denBleyker.....	1920
Dr. J. H. Van Ness.....	1921
Dr. B. A. Shepard.....	1922
Dr. L. H. Stewart.....	1923
Dr. N. L. Goodrich.....	1924
Dr. S. Rudolph Light.....	1925
Dr. Rush McNair.....	1926

W. G. Hoebeke

ITINERANT PRACTITIONERS

Michigan is the playground of the nation. Our resorts, lakes, climate etc., attract thousands to our state for varied periods of sojourn during the summer season. This summer population materially increases the population of certain recognized resort cities. Among the number are physicians who spend a month or two at their cottages in these resort areas. They are itinerant doctors from other states, unlicensed to practice in Michigan, but still they do practice and in so doing impose themselves upon the local physicians. This is an injustice to the local doctors. We trust that the State Board of Registration will refrain from issuing any such temporary licenses. The Journal is in complete sympathy with the complaint voiced in the following letter:

July 7, 1926.

Secretary-Editor, Michigan State Medical Society,
Grand Rapids, Mich.

I am just in receipt of some correspondence by Dr. Van Leuven and some others and I am fully in accord with his letter to you in regard to issuing a license to an Ohio physician to come into the State of Michigan and into her Resort regions and practice for two or three months.

California would not allow a Michigan physician to come into California and practice for two months in the winter. Florida would not allow the same to be done there and I can see no reason for Michigan to allow it.

These parties are asking their "family physician" to come north to be with them: they are asking for a NEW man—any one to be near.

Petoskey has competent physicians and if they need any assistance Cheboygan is a whole lot nearer than Cincinnati.

Very truly yours,

W. F. Reed.

DELEGATES

In our plan of organization provision is made whereby every county society is entitled to representation in the House of Delegates by one delegate for every 50 members or major fraction thereof. The House of Delegates is the supreme governing power of our society. In the interim of annual meetings, the Council is the directing authority. The House of Delegates inaugurates policies and directs principles of activities and work.

In view of this representation it is extremely essential and important that County Societies in electing delegates will insist that their delegates attend all the sessions of the House of Delegates. Their absence means that your County Society and its Members are without representation and have no part in the deliberations. Delegates elected are requested to note the hours for the sessions of the House of Delegates and plan to be present.

"HOW MUCH IS YOUR FEE, DOCTOR?"

By a California Specialist

"How much is this operation going to cost me, Doctor?"

"Well, I am going to charge you, for giving you the skill I have worked 20 years to acquire, and for the knowledge which I have studied years and spent thousands of dollars to gain, as well as for some half dozen hours of my time, used in examining, operating and dressing—for this I am going to charge you the same amount the automobile dealer charged you for taking you to ride in his demonstrator, and talking you into buying one of his cars. He actually spent less time on you than I spent and certainly spent less than I on his education and training. As to taking responsibility, he took none—he had nothing to lose except his time and a small portion of his overhead expenses. I had your life in my hands; and there were moments, during the operation, when that responsibility weighed heavily. Do you consider that he rendered you a greater service than I? It certainly cost him less of his vital force to render it. You feel that I am taking great advantage of you when I charge you \$200 for putting your body in the best repair of which it is capable; but you are pleased and happy to pay him \$200 for persuading you to buy his brand of car. I realize that it seems to you that in one case you are paying for personal service, which gives you no pleasure, and in the other case for merchandise, for goods you can actually see and feel and which do give you pleasure. But you should also look at it from the viewpoint of the motor car dealer and myself.

Similarly, for the care I give your wife throughout her pregnancy—for the numerous examinations and for the encouragement and heartening I try to give her—for the disturbance of my rest in the dead of night, for the hours of waiting, with eyes heavy for want of sleep—for taking the responsibility of doing the very best possible for mother and babe and for watching and guiding them through the first 10 days of the babe's life; for all this, I am going to charge you the same amount as the piano dealer who talked with you for an hour on two or three occasions, very courteously explained to you the superior points of this piano and finally drew up the contract and made you the sale. You never thought he was asking too much of you, because you never really considered him as asking you anything for his service. You were paying \$400 for PIANO and it did not seem to you unreasonable. If the salesman had charged you even \$10 for his personal services in showing you the pianos, you would have been indignant. But with the impersonal thing, the piano, and its value as merchandise and not as service, you feel no resentment nor injustice.

You simply do not stop to analyze. You do not realize that you are paying anything for personal service when you buy merchandise. Besides that, when you pay for medical service, you are usually "paying for a dead horse." You have already had the relief from pain, or from the anxiety over sickness. With your car, you are paying for pleasure which you are going to enjoy or which you are still enjoying. If you were obliged to pay your doctor bill before you got relief from discomfort, you would pay more eagerly and willingly.

For all the calls I made at your house when you had the flu; for giving my most careful thought as to the best way of managing your illness; for exposing myself to possible contagion or six hours of actual time I spent calling on you and going to and from your home, and for the various supplies I expended in treating you, I am going to charge you the amount which you put into the radio dealer's "profit account" to compensate him for having placed his receiving set in your living room. Remember, I'm not talking about the cost of the set, but what you paid him to induce you to choose it.

Am I fair? Or am I an extortioner? For my services to the community year in and year out I am not demanding any more than the head of your bank, nor than your successful realtors or your merchants—often less. I usually work more hours than they do; and I never consider my own comfort.

Do you really think that I am a "Grafter"?—Medical Economics.

"CANCER AND KOCH"

As incidents increase in number we are increasingly surprised that there are those who for financial returns solely resort to said questionable methods. The following letter is characteristic of a number that have been received. We publish it with the request that names be forwarded to us of all doctors who are engaged in administering this so-called —Koch Treatment.

July 9, 1926.

Secretary-Editor, Michigan State Medical Society,
Grand Rapids, Mich.

I want to take this opportunity to congratulate you on publishing the letter of Mrs. Tom Lashaw; also the letter written in confidence to Dr. Darling by the physician who gave the serum treatment to the child. He did not tell you that he received \$275.00 for his endorsement of the KOCH METHOD.

Dr. Koch solicits the co-operation of doctors, offering to send the serum to them for \$100.00 and they to promise not to charge less than \$300.00 to the patient. That the \$200.00 is ample pay for their work.

Kindly confirm this statement and give publicity of same if you care to expose the dishonest physician recommending the Koch treatment.

Fraternally,

ONE WHO KNOWS.

Editorial Comments

Our Lansing sessions will be in auditoriums, well ventilated, and free from extraneous noise. Plan to attend for you will profit.

We are certain that the activities that are being arranged by the Lansing profession at the State College will be a prominent feature of the meeting. You will be both enlightened and entertained.

When one reviews what the State Society is actually accomplishing the dividend forthcoming each year is modestly computed as equivalent to 500 per cent on your \$10 annual dues.

Delegates Credential Certificates will be mailed to County Secretaries for distribution to their delegates. It is urged that each county will make certain that their delegates are in attendance to represent them in all the deliberations of the House of Delegates.

Our scientific program will be most helpful and enlightening. There will be comfortable auditoriums with freedom from outside disturbances. The Lansing profession pride themselves upon a record of genial hospitality. It is not too early to mark the dates on your calendar and plan to attend.

By action of the Council there will be no Commercial Exhibits at our Annual Meeting. The expense entailed in securing space, the cost of booths, the confusion and detraction frequently encountered did not equal the profit that accrued. Our Society can hold an Annual Meeting without that monetary income.

Delegates are requested to note the hours for the meetings of the House of Delegates. You represent your local society members and owe to them representation by being present at each session. You are also urged to participate in the discussions and delib-

erations. Credentials will be mailed to your county secretary who will countersign them and present them to you.

Get to know the other fellow, his job, his trials and his manner of work. Both profit by such efforts of acquaintanceship. Hats off again to Oakland County. On July 14th, the Oakland members invited the Oakland Bar Association to a golf game and dinner. Twenty-seven Medics and 27 Blackstonians paired off for 18 holes and then when the scores were turned in all sat down to a feed. We strongly recommend the same plan for all of our County Societies. It is hardly necessary for us to further comment upon the value of such an intermingling. Who is next?

The legislation convenes this winter. News items herald again that the "Chiro's" have re-organized elected new officers and are making plans for a legislative campaign so as to secure new legislation that will give them a State Board. We may expect their usual activity with candidates and their sob story of persecution. We have no fight with them or any other cult. Our only contention is that a standard for practice must be set and then all who desire to practice whatever school or cult must meet that standard. That there be no favoritism or special dispensations. Tell that to your representatives.

On our editorial pages we are reprinting from Medical Economics an article, "How Much Is Your Fee, Doctor?" In our opinion it is one of the first presentations of an argument refuting the howls of people who rant about fees. Using these comparisons, doctor, in answering your patients will help to educate the public. The comparison may be extended to other trades, vocations and business transactions if you will just pause and reflect upon methods of insurance agents, real estate men, collectors, garages, banks, stores, etc. The article is so good that we want you to save it. We thank Medical Economics for making it available.

In an Opium, or rather Drug Addict conference held recently in Lansing, the public press reporting the conference came out with headlines stating that doctors, by reason of free use of the hypo, were responsible for a large percentage of drug addicts. This statement was attributed to the Mayor of Monroe, a doctor, not a member of his County Society. We ask "his Honor," the Mayor, to present the basis upon which he founds such an allegation. We also suggest that he familiarize himself with the results of several authentic surveys and studies that determine facts and place no charges against doctors. We are quite sure that his Honor would not be bereft of facts did he but read a few Medical Journals and learn the true situation before making public charges that are not substantiated by facts or experience.

Five states declined to avail themselves of the doles of the Sheppard-Towner Act, that created a Paternalistic Bureau in Washington. In these states—Illinois, Kansas, Maine, Connecticut and Massachusetts—report a death rate under one year of 69.9 per thousand. In states, accepting this Bureau's aid the deaths were .74 per thousand. The Bureau is now seeking to perpetuate itself at a yearly expense of a million and a quarter, and appears to be merely providing jobs, paying salaries and issuing literature which is ineffectual in preventing maternal deaths. We recall the vivid promises and statements of proponents as to how this law was going to save mothers and babies. Will these proponents now rise up and justify their statements made at the Lansing hearing several years ago?

The practice of medicine by nurses in Clinics, Schools and Industries is expanding each year. We stand idly by and permit it. Is it not time for a concerted movement on the part of our State Board of Registration to Educate some if not all of our prosecuting attorneys as to what constitutes infringement of our medical law and to urge them to enforce it. This can be accomplished by correspondence, and we are confident results will ensue if persisted in. Failure of county prosecutors might also be drawn to the attention of the Attorney General. This is but a suggestion which we feel sure will be given the Society's support if the Board will undertake initiating the movement. A Board of Registration may well extend its efforts beyond the conducting of a few examinations each year.

J. A. Wainwright, of Scranton, has published an interesting study on tetanus based on 2,000 replies to a questionnaire and submits the following conclusions:

1. Intraspinal injections are harmful, increase mortality, and should be abolished.

2. Antitetanus serum is not useless. Given by vein in doses of from 30,000 to 50,000 units or more, according to the severity of symptoms and the time since onset it will divide the present average mortality rate by two or three, or more. The efficiency of this dose and route will depend directly on the promptness with which it is given.

3. If the initial dose has to be repeated it should be of approximately the same size and by vein only. In the last days of convalescence intramuscular injections are allowable.

4. The best sedative is chlorbutanol, given in a dose of 30 grains (1.95 gm.) dissolved in hot whisky by mouth, or 75 grains (4.87 gm.) in hot olive oil by rectum, repeated sufficiently often to keep the patient relaxed and drowsy till the danger is passed.

Note—In order to obtain more convincing proof of the value of the method of treatment suggested here it is necessary to compile a large number of statistics from various sources. On this account I should appreciate it if any physician who uses this method would report the details and results to me at 912 Clay Avenue, Scranton, Pa.

Just as we were beginning to fear that our correspondent from the "Jack Pines" had exhausted his "Pine Juice," or is it "Spruce Juice"—here comes along an abbreviated, scented breeze. No cause is given for the "silent hours"—here's hoping they become shorter and that more sap will run:

"Dear Secretary:—

You are lucky, I had about forty pages bottled up for you, just waiting time to copy it. Can't wait. Yours on Birth Control shows that you have normal amount of grit in your crop. Think you are right and said it well. When they say what it will lead to I say: Look around you, can you beat it?

The first question I ask is: "Do you use Iodized Salt?" I have had forty cases of Iodism the last sixty days. Quietly say: "Never use Iodine in any form without the advice of a physician."

Politics. New man at the head of the Health Commission, discharge forty per cent of the gang that is up here weighing babies and catching our trout and cut out sixty per cent of your printed matter. To the new Governor, and, say our associations are getting top-heavy. Too far up in the sky to know what is going on upon the ground. Publishing too much remote high brow stuff and repeating it over and over to men who have read it too long ago. And the joke: We get a man to come out and talk to us farmers, and he delivers the same stuff.

That periodic ex. blank is bum.

Hygeia? Nixy. They come in and want 'some of

that stuff Hygeia tells us about, say 16 cents worth.'

Who asks them to write that stuff?

Good bye, God be with you."

We have in the years past advocated from time to time the introduction of actual practice during medical courses in order that the student when handed his degree may not be dazed when he lands in the arena of work. The University of California has adopted a sensible plan. Why not follow suit at Ann Arbor along the following California plan?

"During the last two years the Medical Department of the University of California School has had the co-operation of some of the prominent alumni in the preparation of students for practice. These alumni have, severally, spent a week at the school carrying on, by seminar, lecture and personal contact, instruction in the art and practice of medicine. The experiment has proved of great value to students, interns and faculty, alike, and the alumni have expressed themselves as well repaid for the time spent at the school.

The purpose in giving the course, was: (a) To give the student first hand information about general practice in communities of varying sizes to encourage graduates to enter this field; (b) To teach the student the tools of his trade which he may not get in the regularly scheduled courses; (c) To inform the student on applied therapeutics and the art of medicine; (d) To recognize the ability of alumni in general practice and to bring them back to the school for the mutual benefit of faculty, students and themselves; (e) To build up a strong and loyal alumni. In carrying out our plan four men were selected and each one was asked to spend a week at the school. During that time he was invited to visit the various departments; to learn something about present methods of instruction; to suggest what he would do in regard to the possibility of carrying out certain measures in general practice; to witness operative procedures and to make rounds with the staff on the wards and in the out-patient department. Two seminars with senior students were held during each week and more or less formal talk given to the entire student body and house staff. Informal discussions with students were made possible.

This year a further experiment was tried during the second half of the fourth year, which is elective. Three selected students were sent out to communities of varying size and assigned for a month each to alumni in general practice. Another student spent a month in a group clinic where there is close co-operation on all cases.

The students and alumni have expressed themselves favorably on the method of instruction."

An unsuccessful effort was made in the Senate, June 15, to bring up for passage the bill to extend for two years the provisions of the Sheppard-Towner Infancy and Maternity Law. Senator Phipps, chairman, Committee on Education and Labor, inserted in the record the report of that committee, recommending that the Sheppard-Towner Law be continued for one year—and no longer. The report states that a date for the discontinuance of the law should be definitely established now; that the work in the several states is strictly a local function; that the states should stand on their own feet rather than lean on the central government, thus tending to impair the prestige, power and sovereignty of local self-government. The Sheppard-Towner Law was sharply criticized by Senator Reed of Missouri and by Senator King of Utah. Senator King said: "It seeks to perpetuate an undemocratic and a paternalistic policy which was adopted in a moment of hysteria and as a result of an adroit and subtle propaganda. The bill before us

seeks to thrust the federal government into the states for the purpose of discharging duties and responsibilities which rest either upon the states or upon the people themselves. It is in line with the hysterical suggestions so often made that the states must be controlled by bureaucracy and that the people are incompetent to govern themselves and must therefore submit to a deadly paternalism or to an omnipotent and tyrannous bureaucracy. Congress, when it passed the measure which it is now proposed shall be continued in force for a further period, enacted that it should exist for only five years. But bureaucrats and those who hold jobs under that law propose to do as bureaucrats always seek to do, namely, continue indefinitely temporary organizations and bureaus and policies in order that they may have federal positions and push the federal government into local and state concerns." Senator King's statements were controverted by Senator Sheppard of Texas, co-author of the bill, and Senator Simmons of North Carolina. The former asserted that the measure "has more than vindicated itself and that if the states are given full and proper opportunity they will in a few years become sufficiently familiar with the situation and sufficiently trained in this work to carry it on as suggested by the committee; but to limit it at this time to one more year is to fix entirely too short a period." The impression has prevailed that the proponents of the Sheppard-Towner Law expected to establish this work as a permanent part of the federal government's activities at a cost annually of \$1,240,000. The debate concluded by a statement which Senator Bingham of Connecticut inserted in the record from the Census Bureau. This statement showed that in the five states which have rejected the Sheppard-Towner Law and the federal appropriations offered thereunder, namely, Connecticut, Illinois, Kansas, Maine and Massachusetts, the deaths under one year per thousand were only 69.9, whereas in the 28 states in the birth registration area that have accepted this aid, the deaths were 74 per thousand. The Children's Bureau is co-operating with 15 states not in the birth registration area, and concerning such co-operation it was said: "Accurate birth and infant mortality registration is the first essential in getting information of infant mortality, one of the things the Children's Bureau was created to do. Let the Children's Bureau, with full power to require birth and mortality registration in the 'plans' of states accepting the maternity act, has 'co-operated with' 15 states in not registering births and infant deaths." Final action on the bill to extend the Sheppard-Towner Law is thus deferred.

—Journal A. M. A.

Among Our Letters

NOTE.—This department is the open forum of our members. Your communications and discussions are welcomed. Anonymous communications cannot be accepted, though at times names may be omitted by the Editor. Personalities will not be printed and responsibility for opinions is not assumed. We invite your interest in this department. Address: The Editor, Journal, Michigan State Medical Society, Powers Theatre Bldg., Grand Rapids, Mich.

UNRELIABLE INSURANCE

Editor of The Journal:

In reply to your letter of the 18th instant, we desire

to advise that the American Lloyds of Chicago is not authorized to do a health and accident insurance business within this State. Mr. J. Stamper the agent mentioned in your letter who apparently sold you the policy issued is now fighting extradition proceedings instituted by the State to bring him back so that he will have to stand charges preferred against him all of which pertains to his activities as an agent for the institution in question.

There is nothing this Department can do to affect the cancellation of the policy and procure a refund of the premium paid. This will have to be done by court procedure if we are fortunate in bringing Mr. Stamper within this State.

Yours very truly,

R. M. Wade, Second Deputy Commissioner.

Editor of The Journal:

In the absence of President Butterfield, who is in Europe, I am taking the liberty to acknowledge receipt of your letter relative to our course on Medical Biology.

On behalf of the President I want to thank you for your interest in the matter and to express the hope that you will be successful in securing a favorable action from the Council on Medical Education of the A. M. A.

I am sure you will find the Faculty of Michigan State College very happy to receive suggestions for the improvement of this course from the Council.

Sincerely yours,

Ward Giltner,
Dean of Veterinary Medicine.

Editor of The Journal:

I have just received my copy of the State Medical Journal and have noted a letter from me on iodized salt that is quoted in it.

May I call your attention to an error in the letter, doubtless done by the printers?

The letter states that we addressed a letter to all physicians in the state asking if any iodized salt had come to their attention. Of course this should read "asking if any evil effects from the use of iodized salt" had come to their attention.

Very truly yours,

R. M. Olin, M. D., Commissioner.

State News Notes

Dr. George C. Burr, Detroit, returned from Europe, July 1st.

Dr. D. C. Chandler, graduate of Johns Hopkins, who served as Chief Resident at Butterworth Hospital has located in Grand Rapids.

The next examination given by the American Board of Otolaryngology will be held in Denver, Colorado at the University Hospital on Monday, September 13, 1926. Application should be made to the Secretary, Dr. H. W. Loeb, 1402 South Grand Boulevard, St. Louis, Missouri.

Dr. Franklin H. Martin, Director-General of the American College of Surgeons and head of the Gorges Memorial Institute was given the honorary degree of "Doctor of Public Health" at the recent commencement exercises of the Detroit College of Medicine and Surgery.

The Academy of Surgery of Detroit held its last meeting of the year at the Prince Edward Hotel, in Windsor on Wednesday, June 16, with Dr. Channing W. Barret of Chicago as Speaker.

The Officers for the ensuing year are:

Alexander W. Blain.....President
William H. Honor.....Vice President
Grover Penberthy.....Secretary-Treasurer

In a recent lawsuit, in which Dr. R. E. Scrafford of this city was the defendant, the jury disagreed. He was alleged by Mrs. Willard E. King of this city to have been negligent in treating a fracture of the femur suffered by the plaintiff. The principal medical witness for the plaintiff was Dr. Joseph C. Grosjean of Bay City, and a member of the Bay County Medical Society, who testified that in his opinion, Doctor Scrafford, did not use the average skill required of him in the treatment of this fracture. Several prominent physicians of this community testified in behalf of Dr. Scrafford. Dr. Scrafford was defended by Frank T. Lodge of Detroit representing the Medical Protective Company.

The James Decker Munson Hospital and the Hannah Lay Morgan Memorial Pavilion of Traverse City was dedicated on July 28, 29 and 30th with the following exercises:

High School Auditorium

7:45 P. M.

Addresses of Interest to the Public

Presiding.....Dr. Lafayette Swanton, President,
Staff of James Decker Munson Hospital.

"The Use of Psychiatry in Every Day Human Relations,"

Dr. A. L. Jacoby, Director Psychopathic Clinic,
Detroit.

Subject to be announced.....Dr. Richard M. Olin,
State Commissioner of Health, Lansing.

"Relation of Small Hospital to Community,"

Dr. Harley Haynes, Superintendent University
Hospital, Ann Arbor.

Address.....Dr. Victor C. Vaughan, Washington,
D. C., former Dean, Medical Department
University of Michigan.

Thursday, July Twenty-ninth

8 to 11:30 A. M.

Medical Clinics—James Decker Munson Hospital.

Neurological Clinic.....Dr. C. D. Camp, Professor
of Neurology, University of Michigan.

"Rheumatic Heart and Its Management,"

Dr. Martin A. Mortenson, Battle Creek Sanitarium.

"Spirochaetal Pulmonary Gangrene and Related Respiratory Infections," Illustrated by lantern slides

Dr. D. J. Davis, Professor of Pathology, Dean
of Medical Department, University of Illinois.

"Modifications of Diagnostic Conceptions Brought About by X-Ray,"

.....Dr. A. W. Crane, Kalamazoo.

12 NOON

Dinner, will be served in the State Hospital Dining Room, in honor of the Governor, State and County officials, physicians and other especially invited guests.

Invocation.....Rev. Father Schuller

Introduction of Toast Master, Dr. James Decker Munson

Hon. Robert K. Jardine, Secretary State Hospital Commission.

Welcome.....Hon. J. T. Milliken, Mayor, Traverse City

Response.....His Excellency, Governor Alex. J. Groesbeck.

Presentation of Memorial Pavilion.....Hon. R. Floyd Clinch, Chicago.

Acceptance.....Hon. R. G. Ferguson, President Michigan State Hospital Commission.

Hannah-Lay-Morgan Memorial Pavilion Address

Hon. Wm. C. Boyden, Chicago.

2:30 P. M.

Medical Clinics, Continued—James Decker Munson Hospital

"Diabetes"

Dr. L. H. Newburgh, Professor of Medicine,
University of Michigan.

"Pediatric Clinic"

Dr. Isaac A. Abt, Professor of Pediatrics, Medical School Northwestern University.

"Bronchiectasis," Lantern slides of iodized injections

Dr. James S. Pritchard, Battle Creek Sanitarium.

6 P. M.

Complimentary Dinner by the Grand Traverse, Leelanau Medical Society for visiting Doctors at the Traverse City Golf and Country Club.

Public Dedication

7:45 P. M.

High School Auditorium

Presiding.....Dr. James Decker Munson

Music.....Ann Arbor Trio

Service of Dedication led by.....Rev. Dr. Demas Cochlin

Music.....Ann Arbor Trio

Address.....His Excellency, Hon. Alexander I. Groesbeck, Governor of Michigan.

Music.....Ann Arbor Trio

Friday, July Thirtieth

8 A. M.

Surgical Clinics—James Decker Munson Hospital

"Surgical Clinic"

Dr. F. A. Collier, Professor of Surgery, University of Michigan.

"Renal Calculi"

Dr. Carl W. Eberbach, University of Michigan.

12:30 P. M.

Luncheon to visiting Doctors, State Hospital Dining Hall.

2 P. M.

Surgical Clinics, Continued—James Decker Munson Hospital

"Recurrence Following Operation in Cancer of the Breast"

Dr. R. A. Balch, Kalamazoo.

"Orthopedic Clinic"

Dr. Carl Badgely, Professor of Orthopedic Surgery, University of Michigan.

"Tuberculosis of the Kidneys"

Dr. Hugh Cabot, Dean Medical Department, University of Michigan.

6 P. M.

Dinner to visiting Doctors, Golf and Country Club.

OUR SOCIETY BUSINESS AND ACTIVITIES

HARVEY GEORGE SMITH
EXECUTIVE SECRETARY

NOTE: This Department will each month contain a discussion and report of our Society work and planned activities. Your interest and correspondence as to your problems is solicited.

ARE YOU GOING TO THE STATE MEDICAL MEETING?

Are you going to the State meeting? has been asked a number of times recently. The reply has been any one of the following, "No, I can't spend the time." "I am going to the Tri-State. It is over at Cleveland this year only a short distance and I will get something worth while." "I guess maybe I'll go down for a day." Do any one of these replies strike you as being enthusiastic? If the layman overheard any of these statements would he believe you were much of a booster for your own science and profession? Would he believe you enjoyed your profession? Would he have more faith and belief in your ability in your science? The Englishmen say the reason they lost three meets in Golf to Americans recently is that the Englishman when he used his iron and failed to make his stroke count, "Said one stroke lost" while the American making the same degree of failure said, "I'll recover on the Green by clever putting." One is constructive psychology the other is destructive. One secures results, the other doesn't. The same method of reasoning applies to the State Medical Society Meeting. One, advances, makes progress, achieves new victories; the other retards, lowers, makes for failure.

The Section Committees, the Council, the Executive Committee of the Council have been at work for months in efforts to achieve the best Medical Society meeting of record. One day has been set aside for Section meetings and one day for general sessions. Two days are to be spent in council and lecture hall in the interest of Scientific Medicine throughout the State. Throughout the State means every section. Not one less doctor from this county and that one, from this city and the other, but one more. Further it means, "I'll be there and present at the sessions. I'll recover by being present for my County Society."

County Societies, through their officers, committees and members have an opportunity to be enthusiastic about the State Meeting. They may impress the laymen of every community with their enthusiasm

for their profession. They may have made a bad impression in the past and thus far this year but there is opportunity to recover. Be an American in your profession 'recover,' be a victor by being present and being a booster for your State Medical Society Meeting on September 14, 15, and 16th at Lansing.

POST-GRADUATE CONFERENCES IN THE NORTHERN PENINSULA

The second series of Post-Graduate Conferences conducted by the Michigan State Medical Society with the Twelfth Councilor District and component County Societies was conducted according to the itinerary of time, place and program.

Escanaba—July 27th, Elks Club.
Marquette—July 28th, Court House.
Houghton—July 29th, Douglas House.
Ironwood—July 30th, Memorial Bldg.

PROGRAM:

- 10:15—Opening Statements.
Richard Burke, M. D., Councilor-Chairman.
Harvey George Smith, Executive Secretary.
- 10:30—"Diagnosis of Chest Conditions."
William H. Marshall, M. D., Flint.
- 11:00—"Essentials in a Neurological Examination."
John L. Garvey, M. D., Ann Arbor.
- 11:30—"Pre-Natal Care."
Roland S. Cron, M. D., Milwaukee.
- 12:00—Luncheon—(See letter for place).
- 2:00—"Fractures of the Skull."
Max Minor Peet, M. D., Ann Arbor.
- 2:30—"Gastric Ulcer."
Elmer Eggleston, M. D., Battle Creek.
- 3:00—"Diagnosis and Treatment of Cardiac Pain."
William H. Marshall, M. D., Flint.
- 3:30—"Sequels of Epidemic Encephalitis."
John L. Garvey, M. D., Ann Arbor.
- 4:00—Recess.
- 4:10—"Diagnosis and Treatment of Diseases of the Cervix."
Roland S. Cron, M. D., Milwaukee.
- 4:40—"Acute Abdominal Diseases."
Max Minor Peet, M. D., Ann Arbor.

JACKSON COUNTY LEADS

How many doctors present here this evening have had a complete physical examination within the past year? was asked by the President of the Jackson County Society at a recent meeting. The result of the ballot was that 30 had and 30 was the

number present. Here is a hundred per cent record. The doctors themselves are practising what they preach.

The doctors must lead the way in the program for Periodic Health Examinations of the Apparently Well. Every County Medical Society in Michigan should be urging its membership to have complete physical examinations. Not one county but every county and thus the entire membership of the State, 3,000 doctors, record by action as well as by belief the value for health and happiness for themselves of Physical Examinations. "Practice What You Preach," is the slogan of business, industry, worker, every one in fact. If the public can once realize completely the value of preventive health measures and that the family doctor knows how to examine and instruct his patients in the maintenance of health rather than in recover from disease alone, then will be achieved an understanding of the Science of Medicine. Then will each individual receive and have the greatest amount of physical and mental health, thus the greatest usefulness to self, the community and the nation, and the largest amount of happiness and satisfaction.

County Medical Societies must attain this objective. Officers and members during these summer months prepare for action and the attainment of results.

GOLF TOURNAMENTS

The judge said, "The 'Docs' have us one up at the ninth hole" and they are making us play golf as his foresome turned back for nine more holes. Another group said, "the doctors are sure 'good kidders,' but they will pay us two new balls when we hit 18." The tournament was an invitation to the Medical Society of Oakland County by the Bar Association. Thirty-seven lawyers and 30 doctors took part. From the time the first new white "Pill" was driven off the number one tee at one o'clock until the last one dropped in the cup at 18 was an atmosphere of good fellowship, friendship and sportsmanship. Everybody played for fun but played to win. And when the tournament was finished the doctors were again guests to a steaming, hot chicken dinner. Fun and laughter mingled with old college songs and several speeches made up the program. One was truly reminded of the old days at College where there was always friendly rivalry but everybody was a good fellow. This event was similar. There were no disappointed faces. Everyone was well met, everyone had a smile for his fellow in his own and his neighbor profession. The version of all would agree with the statement of one who

said, "I didn't know we had such a splendid group of men in these two professions."

The Bar Association of Oakland County is to be complimented on staging the first doctor-lawyer golf tournament in Michigan. May others throughout the State follow. "Those who can play together can build better professions, better business, better communities, better cities, better citizens."

Deaths

Doctor J. H. Barnard of Fremont, Michigan died on June 5th, 1926 at Mercy Hospital, Muskegon, following a serious operation. Dr. Barnard was 62 years of age. He was a graduate of the Grand Rapids Medical college, class 1900. Since graduation he practiced in the city of Whitehall, where he had a wide acquaintance in his community.

County Society News

GRATIOT-ISABELLA-CLARE COUNTY

The July meeting of the G. I. C. was held in the Alma City Hall Thursday, July 8th at 8:30 p. m.

Before the meeting 16 of us had supper at the Wright House.

President Graham called the meeting to order. There was some discussion as to whether we would meet in August and September. Motion was made and carried that we dispense with the August and September meetings.

One out-of-town speaker was Doctor F. A. Collier of University Hospital. Subject, "Ulcer of the Stomach and Duodenum." The doctor covered the subject thoroughly also speaking of Gastric Cancer in relation to Ulcer, later showing slides which proved interesting, and instructive.

E. W. Highfield, Secretary.

EATON COUNTY

Eaton County Medical Society held its June meeting on Thursday the 24th at the Congregational Church, Charlotte, Mich. There was about 40% attendance and after a very short business session we proceeded at once to the program.

Dr. C. A. Stimson of Eaton Rapids gave a very interesting talk on the "History and Uses of Acidophilus Milk." He emphasized the beneficial effects in all cases of Colitis and Colonic stasis if used in conjunction with other methods.

Professor Ruehle of M. S. C. then gave the chemical and bacteriologic studies of Acidophilus milk as carried out at M. S. C., where it is being made and distributed for use. He emphasized the importance of fresh cultures with its use and the use of large quantities if results can be expected.

H. J. Prall.

LENAWEE COUNTY

The June meeting was the occasion for the annual picnic.

This year Dr. and Mrs. L. J. Stafford were our hosts at their cottage on the west shore of Sand Lake.

Twenty members and their families attended and while the ladies played Bridge the Doctors indulged

in strenuous games of horseshoe pitching, baseball, archery and rifle target shooting.

At six o'clock a long table was set in the yard. It was soon evident that all the Lenawee County members had picked good cooks for their wives.

After supper an old fashioned game of "One Ol' Cat" was played until an insufficient number of players remained with breath enough to carry on the wild scramble.

As darkness came over the scene, those who still remained gathered around a table in the cottage where the grand old game with the red, white and blue discs began, and "so, far into the night."

Our next meeting will be in September.
Tecomseh, Mich.

R. G. B. Marsh, Secretary.

ALPENA COUNTY

The regular meeting of the Alpena Medical Society was held at the Alpena House June 18. H. J. Burkholder entertained at dinner. Following dinner Dr. John Purdy of Long Rapids read his paper on physical examination of the chest. The paper was discussed by all present.

The July meeting was held at the Long Lake Lodge, July 15th. Guests on this occasion were the wives and the Chippewa County Medical Society. Drs. Cameron, Bell, Jackson and Williams were the hosts on this occasion. A golf tournament with the Soo physicians started the program at 4:00 o'clock. At 6:30 dinner was served to 46 members and guests in the Lodge Dining room. Following the dinner Dr. F. C. Bandy, of the Soo gave an interesting paper on some of the commoner Mental Diseases. Dr. G. A. Conrad then presented a paper on Enlarged Prostate. This was the return visit of the Soo physicians. That the local society was highly gratified to have such able papers presented, and to have so many interesting discussions of them goes without saying.

C. M. Williams, Secretary.

HOUGHTON COUNTY

The Houghton County Medical Society held its regular monthly meeting at the Miscowaubik Club, Tuesday, June 2nd. After reading of the minutes and presenting of bills, this being the regular yearly business meeting, various business matters of the Society were discussed and plans made for the meeting to be held July 6th on physical examinations in Houghton.

Dr. W. T. S. Gregg gave a preliminary report of the American Roentgenological meeting which he attended at Detroit. He will give a full report at one of our later meetings.

The Society then adjourned to lunch.

The Society held its regular monthly meeting July 6th at the Houghton High School auditorium. This meeting was planned and given to give publicity to the annual physical examinations. Dr. A. F. Fischer read a very interesting paper on "Human Bookkeeping." Dr. Fischer took up the various phases of physical examination, outlining a form to be followed, and stressed the importance of an annual physical examination, urging its occurrence on ones birthday.

The film "Fighting for Dear Life," furnished by the Metropolitan Life Insurance Company did not arrive. It will be shown at a later date.

We are making extensive plans for our annual post-graduate conference to be held in Houghton July 29th and hope to have a good attendance at same.

G. C. Stewart, Secretary.

IONIA-MONTCALM

The June meeting was held Thursday, evening June 10th at the Hotel Belding.

Dinner was served at 7 P. M.

At the business meeting which followed the dinner, Dr. J. F. Pinkham, Belding, was appointed to write the history of the County Society.

Dr. Shackelton, Kalamazoo, gave a paper "Acute Surgical Conditions of the Epigastrium." He demonstrated the necessity of first differentiating between the surgical conditions and non-surgical afflictions such as tabes, hysteria, abdominal angina, lead colic, and gastric colic of drug addicts.

He then discussed the more common surgical conditions such as perforating ulcer, perforating carcinoma, gall bladder conditions, and acute pancreatitis and stated that it is very difficult to make a definite diagnosis in the latter condition. He emphasized the importance of early localized abdominal rigidity and tenderness as being of great assistance in making the diagnosis.

Dr. J. B. Jackson, Kalamazoo, Chairman State Council gave a paper on Periodic Physical Examinations. This paper was very well given and contained many practical and useful thoughts upon the advisability and growing demand for periodic examinations of the apparently well.

A motion was made, supported and carried that each member of our County Society be examined before the next meeting.

A Manual with blank was given to each member present.

H. M. Maynard, Secretary.

INGHAM COUNTY

On Thursday afternoon, July 15 the Society held a picnic at Bancroft Park, which was well attended, considering the fact that several of our doctors are on their annual vacations.

We started the afternoon with a golf tournament, the men being matched in advance and all starting on schedule time.

It was the first opportunity many of us had to try the new Groesbeck Municipal Links.

The tournament called for 12 holes of golf and about 14 of the men played.

First prize went to Earl McIntyre, second prize to Harold Wiley and consolation prize to Ford DeVries.

The winner of the consolation prize was a triple skeptical as to the mathematical ability of some of his competitors particularly when it came to counting.

One of the foursomes included our friend Harvey George Smith and I understand he learned something about golf and something about the Queen's English.

The barnyard golfers had their fun with the horse-shoes and consensus of opinion says J. McCrumb carried off the honors.

Harry Weinburgh started his baseball teams and by their general appearance on coming in to eat indicated that a vicious struggle must have taken place.

Fred Drolette cooked hundreds of steaks and there weren't enough scraps left to feed somebody's poor Airdale who was hanging around the fire with a lean and hungry look.

No one had trouble with the watermelon except the waiters who laid aside a nice one for themselves, after the rest had been served, only to find it had not yet acquired its proper maturity.

All in all a splendid picnic, no accidents and no casualties to remind us of our daily routine.

C. F. DeVries, Secretary.

Among the Books

A Review and Frank Appraisal of Medical Books That are Proffered to the Profession by Publishers.

ANNUAL REPRINT OF THE REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION FOR 1925: Cloth. Price, postpaid, \$1.00. Pp. 90. Chicago: American Medical Association, 1926.

This volume contains the reports of the Council on Pharmacy and Chemistry that have been adopted and authorized for publication during 1925. Some of these reports have appeared in *The Journal of the Medical Association*. Others are now published for the first time.

The annual volumes of the "Council Reports" may be looked upon as the companion volumes to *New and Nonofficial Remedies*. While the latter describes the medicinal preparations that are found acceptable, the former contain reports on the products that were not accepted. The present volume contains reports on the following products which the Council denied admission to *New and Nonofficial Remedies*: Agrilin; Benzyl Viburnum Compound; Bichloridol and Salicidol; "Colloidal Gold"; Diabesan; F. & R.'s Genuine Gluten Flour; Geroxide; Hoyt's Gluten Bran Flakes; Hsore Dung Allergen-Squibb, House Dust Allergen-Squibb, LePage's Glue Allergen-Squibb and Street Dust Allergen-Squibb; Incitamin; Liposan; Loeser's Intravenous Solution of Calcium Chloride; Loeser's Intravenous Solution of Sodium Thiosulphate; Mercodol; Orargol; Parathyroid with Calcium; Pollen Extract Gramineae, Pollen Extract Chenopodiaceae, Pollen Extract Ambrosiaceae and Pollen Extract Artemisias-P. D. & Co.; Rayminol; Rheumeez; Mitysol; Some Wagner's Preparations; Tablets Calcreose with Iodine; Digifortis; Trepol and Neotrepol; Tricalcine; Viriligen, Glandular Comp. and Pineal Comp.; Vitalait (Vitalait Laboratory, Inc., Newton Centre, Mass.) and Vitanol.

The volume also contains reports on products which were included in former editions of *New and Nonofficial Remedies* but which will not appear in the 1926 edition because they were found ineligible for further recognition.

The volume contains reports of a general nature: for instance a report on the use and utility of digestive enzymes in therapeutics and a preliminary report on spleen and red bone marrow.

Physicians who keep fully informed in regard to the value of proprietary remedies will wish to own this book.

NEW AND NONOFFICIAL REMEDIES, 1926: Containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on Jan. 1, 1926. Cloth. Price, postpaid, \$1.50. Pp. 450+XLIII. Chicago: American Medical Association, 1926.

New and Nonofficial Remedies is the publication of the Council on Pharmacy and Chemistry through which this body annually provides the American medical profession with disinterested critical information about the proprietary medicines which are offered to the profession and which the Council deems worthy of recognition.

An examination of the preface shows that in addition to inclusion of the new drugs which were accepted during the past year, the book has been extensively revised. Many of the preparations listed

in the previous edition have been omitted and the descriptions of others have been revised to bring the statements into accord with present day knowledge. Among the products that were accepted during the past year and which are included in the new edition are scarlet fever toxin preparations used to determine susceptibility or to establish immunity and curative scarlet fever antitoxin; a parathyroid extract of determined effect on the calcium content of the blood serum; two antimony compounds for use in trypanosomic infections; trypasamide, developed in the Rockefeller Institute for Medical Research; tetraiodo-bladder and hexyresorcinol, developed by Veader phthalein sodium for the visualization of the gall-Leonard.

The book contains a cumulative appendix (printed on buff paper), which is a list of references to reports of the Council and to other publications dealing with articles not described in *New and Nonofficial Remedies*. This appendix is thus a valuable and quite extensive bibliography of proprietary and un-official preparations.

In reference of the work of the Council on Pharmacy and Chemistry, the Board of Trustees of the American Medical Association in their report to the House of Delegates stated that the success of the Council's endeavors will depend less on the work done by the Council than on the support that is given by the rank and file of the medical profession and that this support can be most efficiently given by physicians (and with fullest justice to themselves and their patients) by confining their use of proprietary medicines to those that have been found acceptable for inclusion in *New and Nonofficial Remedies*. The physician who desires to support the Council actively should therefore obtain a copy of the 1926 edition. Every physician has need for a book of reference such as this volume to which he may turn for trustworthy information with regard to proprietary medicines.

PRACTICE OF OBSTETRICS: Edgar—Vaux. 6th Edition. Revised. 684 Illustrations, 38 Colored, 5 Colored Plates. Svo. xvi + 779 Pages. Cloth, \$8.00. By J. Clifton Edgar, Emeritus Professor of Obstetrics and Clinical Midwifery, Cornell University Medical College. Revised by Norris W. Vaux, Clinical Professor of Obstetrics, Jefferson Medical College, Philadelphia. P. Blakiston's Son & Co., 1012 Walnut St. Philadelphia.

The editor has made the text as concise as practicable from the clinical standpoint; each division and subdivision of pregnancy has received sharp criticism by the editor.

Prenatal care and Hygiene as well as the follow-up care of a maternity case has been thoroughly discussed.

Stress has been laid on labor, and due attention given to anesthetics and the methods of administration. The preparation of cases and after-treatment are clearly set forth. The toxemias are fully presented and much new material added.

The complications of pregnancy are considered in detail over the entire subject. Discussion of the mechanism, though much simplified, is yet comprehensively set forth. The complications of labor and puerperium have been given in detail. Version, Caesarean Section, Rupture of the Uterus, Forceps and Placenta Praevia, and many other subjects have been virtually rewritten.

The diagnosis of the position and pelvimetry has been reviewed and the entire subject put on a concise working basis. Sepsis, Hemorrhage, and Blood Transfusion are fully presented. The Endocrine Therapy has been simplified and confined to practical essentials.